173-9

Department of Health & Mental Hygiene, Vital Records

Birth Certificates

Baltimore City

STATE OF MARYLAND

HR-RM 56
(5-1-54)
Hall of Records Commission

FILE ARRANGEMENT

Numerical Order

Some Birth Certificates are missing at time of filming and have been Lost

STATE OF MARYLAND

HR-RM 28
(2-1-54)
Hall of Records Commission

CERTIFICATION

This is to certify that the microphotographs appearing on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City
(Name of file)

of DHMH Vital Records
(Agency).

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Sunhild D Bolander

Date July 27, 1978

STATE OF MARYLAND

HR-RM 36
(4-1-54)
Hall of Records Commission

RETURN

To the Office of Registrar of Vital Statistics, Boar

89249

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* January 1
4. *Place of Birth, (Street and Number)* Johns Hop
5. *Full Name of Mother,* GOULSTON. Jennie E
6. *Mother's Maiden Name,* Jennie E Ballington
7. *Mother's Birthplace,* GOULSTON. J. W. Goul
8. *Full Name of Father,* Lunatic
9. *Father's Occupation* Virginia
10. *Father's Birthplace,* Balto C

Name of Medical Attendant, or other person who makes this return. Dr Johns Hop

Address,

Remarks,

B 4 8 9 0 0 0 0 0 0 1

Wm. J. C. Dulany Co., City Printers and

RETURN OF A BIRTH. 89254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 January
4. Place of Birth, (Street and Number) 837 N. Broad St.
5. Full Name of Mother, Virginia Handley
6. Mother's Maiden Name, Pritchard
7. Mother's Birthplace, Md.
8. Full Name of Father, Jack Handley
9. Father's Occupation Waiter
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 N. Broad St.

Remarks,

8980000002

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

$9268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Baltimore Jan. 12 1898
4. *Place of Birth, (Street and Number)*	No 224 Little Shaw St
5. *Full Name of Mother,*	Brauna Felsher
6. *Mother's Maiden Name,*	Brauna Shwartz
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Abraham Felsher
9. *Father's Occupation,*	Grocery Store
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Mrs. Lena Barber
Address,	No. 147 N. Exeter St.
Remarks,	

18980000003

shall occur without the attendance of a physician or practitioner of ... child ... mother, or should no other person be in ... duty of the person or parents of such ... required, and ... shall be ... section shall be ... fines are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

...ion of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner ...third day of each and every month to the office of the Comm... shall occur without the ...attendance upon the ...child to report its birth ...any such person or per... who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* Male
3. *Date of Birth,* Jan 12 1898
4. *Place of Birth, (Street and Number)* 238 E. Carline St
5. *Full Name of Mother,* Sarah Goratkine
6. *Mother's Maiden Name,* Feldman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Marcus Goratkine
9. *Father's Occupation* Parlor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Pinelberg

Address, 25 E Lloyd St

Remarks,

8 9 8 0 0 0 0 0 0 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 12 1898
4. *Place of Birth, (Street and Number)* 234 S. Spring St
5. *Full Name of Mother,* Freedy Cotch Phenas
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Davis Cotch
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, R. Finelberg

Address, 25 Lloyd Ave

Remarks,

8 9 8 U U 0 0 0 0 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

8 9265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 12th 98
4. Place of Birth, (Street and Number) 1509 N. Mount St
5. Full Name of Mother, Margaret May Tiddis
6. Mother's Maiden Name, " " Adelsberger
7. Mother's Birthplace, Md
8. Full Name of Father, Wm J. Tiddis
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, C. E. Lumpton M.D.

Address, 1202 Argyle Ave

Remarks,

1 8 9 8 0 0 0 0 0 0 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

89259

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June the 12
4. *Place of Birth, (Street and Number)* Dallas st 1800
5. *Full Name of Mother,* Regina Banks
6. *Mother's Maiden Name,* Reginnie Dennah
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Abraham Banks
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other person who makes this return, Imperial Forest

Address, 1016 Chapel st Between Shore and Eager

Remarks,

8980000007

Wm. J. C. Dulany Co., City Printers and Stationers.

...ance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall, hereafter, fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

89261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, January 12th, 1898.

4. Place of Birth, (Street and Number) 1118 Division St.

5. Full Name of Mother, Nellie Buchanan

6. Mother's Maiden Name, Downs

7. Mother's Birthplace, Anne Arundel County. Md.

8. Full Name of Father, George Henry Edward Buchanan

9. Father's Occupation Porter.

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Straub

Address, 534 N. Eutaw St

Remarks, Md

1 8 9 8 0 0 0 0 0 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or ~~female~~) Male
2. Race or ~~Color~~, (if not of the white race) White
3. Date of Birth, January 13/98
4. Place of Birth, (Street and Number) #616 S. Ann St
5. Full Name of Mother, Teofilija Cesnowski.
6. Mother's Maiden Name, Teofilija Trebuska.
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Cesnowski.
9. Father's Occupation Laborer
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other person who makes this Return, Annie Rockwood.
12. Address, #1710 Alice Anna St
13. Remarks, None.

1 8 9 8 0 0 0 0 0 0 9

J. C. Delany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d.

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan. 13. (5. 15. A. M.)

4. *Place of Birth, (Street and Number)* 2626 Florence Street.

5. *Full Name of Mother,* Mary Annie Sachs.

6. *Mother's Maiden Name,* Mennier,

7. *Mother's Birthplace,* Baltr. Md.

8. *Full Name of Father,* Henry Sachs,

9. *Father's Occupation.* Laborer.

10. *Father's Birthplace,* Baltr. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune / for the

Address, Mothers Relief Society / 1412 Eutaw Place.

Remarks.

1898 0 0 0 0 0 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 13th 1898
4. *Place of Birth, (Street and Number)* 1507 N. Arlington St
5. *Full Name of Mother,* Kate Mansfield
6. *Mother's Maiden Name,* Kate Flynn
7. *Mother's Birthplace,* Cockeysville Md.
8. *Full Name of Father,* James Mansfield
9. *Father's Occupation* Stonecutter
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, G. L. E. Vogler M. D.

Address, 1291 E. North ave

Remarks,

1898 00000111

shall occur without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

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RETURN OF A BIRTH.

89266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ~~Frederick~~ George Eistman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 13 Jan. 1898
4. Place of Birth, (Street and Number) 1117 Hanover St
5. Full Name of Mother, Lina Eistmann
6. Mother's Maiden Name, Feuerbrandt
7. Mother's Birthplace, German
8. Full Name of Father, Ludwig Eistmann
9. Father's Occupation Tailor
10. Father's Birthplace, German
11. Name of Medical Attendant, or other person who makes this Return, Mrs Winsch
12. Address, 310 Leadenhall Street.
13. Remarks,

1898000000012

...ed to the ... (1) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...in the manner and within the period above required, and ... fail to comply with the provisions of this section shall be sub- ... City

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

89266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) a female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 13
4. Place of Birth, (Street and Number) 127 Gilling
5. Full Name of Mother, Jennie Knight
6. Mother's Maiden Name, Jennie abe Rodschaen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Knight
9. Father's Occupation Motorman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 810 Leadenhall Street.

Remarks,

8 9 8 0 0 0 0 0 1 3

m. J. C. Dulany Co., City Printers and Stationers.

...with the Register and within the period above required, and ...comply with the provisions of this section shall be sub... any such person or persons who after ... hereafter fail to comply ... be recovered as other fines and forfeitures are recoverable. ...jected to the fine of ten (10) dollars for each offence, to be reco...

RETURN OF A BIRTH. 8926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 13 January 1898.

4. Place of Birth, (Street and Number) Canton St. 1224.

5. Full Name of Mother, Eggie Kedeinska

6. Mother's Maiden Name, Mozeck

7. Mother's Birthplace, Germany

8. Full Name of Father, Jozef Kedeinska

9. Father's Occupation laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return P Liersemann

Address, No. 1107 Chesapeake St.

Remarks, none

1898000014

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13 January 1848
4. Place of Birth, (Street and Number) Canton St 1244
5. Full Name of Mother, Anna Bollowitzkie
6. Mother's Maiden Name, " Lubinskie
7. Mother's Birthplace, Germany
8. Full Name of Father, Mich Bollowitzkie
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, P. Luesemann

Address, No 1107 Chesapeake St.

Remarks, none

1848000015

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 13th, 1898

4. Place of Birth, (Street and Number) 1216 E. Biddle St.

5. Full Name of Mother, Mrs. Teresa Benning

6. Mother's Maiden Name, Teresa Shreiber

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Fred. J. Benning

9. Father's Occupation Wood Turner

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Lindsay Peter, M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8980000016

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 18 st June 1898

4. *Place of Birth, (Street and Number)* 1412 Henry St

5. *Full Name of Mother,* Mary A Clayton

6. *Mother's Maiden Name,* Jones

7. *Mother's Birthplace,* St Marys Co Md

8. *Full Name of Father,* Alfred Clayton

9. *Father's Occupation* Waterman

10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yarnall

Address, 628 E Fort Ave

Remarks,

8 9 8 0 0 0 0 0 1 7

attendance upon the mother, immediately thereafter it shall become the duty of such person to report the facts of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Col.
3. Date of Birth,	1/13/98
4. Place of Birth, (Street and Number)	Md. Gen. Hosp.
5. Full Name of Mother,	Rena Dudley.
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Md
8. Full Name of Father,	Same.
9. Father's Occupation	waiter
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return,	W. E. Todd
Address,	Md. Gen. Hosp.
Remarks,	

1898000000018

Every physician or midwife in attendance upon a birth, and in the absence of such physician or midwife, the householder of the premises where such birth occurs, shall report its birth to the Commissioner of Health, in the manner and within the time prescribed by the ordinances of Baltimore City. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Jan 13 1898
4. *Place of Birth, (Street and Number)*	539 Biddle Alley
5. *Full Name of Mother,*	Elizabeth Potter
6. *Mother's Maiden Name,*	Maryland
7. *Mother's Birthplace,*	Benjamin Hill
8. *Full Name of Father,*	Laborer
9. *Father's Occupation*	Maryland
10. *Father's Birthplace,*	D. F. Long
Name of Medical Attendant, or other person who makes this Return,	1510 N Fountain St
Address,	
Remarks,	

1898U000019

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 19 1895
4. Place of Birth, (Street and Number)	214 N Calvert St
5. Full Name of Mother,	Mary Proffitt
6. Mother's Maiden Name,	" Eastwell
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Charles Proffitt
9. Father's Occupation	Plumber
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return,	D Long
Address,	115 Fountain
Remarks,	

1 8 9 8 U 0 0 0 0 0 2 0

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) First

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) Mulatto

3. *Date of Birth,* Jan. 13th 1898.

4. *Place of Birth,* (*Street and Number*) 1818 Fountain St.

5. *Full Name of Mother,* Mary Adelia Cooper

6. *Mother's Maiden Name,* Mary Adelia Muthersbaugh

7. *Mother's Birthplace,* Philadelphia

8. *Full Name of Father,* Chas. Jones Cooper

9. *Father's Occupation* Salesman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. L. O'Donnell

Address, 2466 Eutaw Place

Remarks,

1898 0000021

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89276

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2

No. of Child of Mother, (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) colored
3. Date of Birth, January 13. 1898
4. Place of Birth, (Street and Number) 121 - Lee 23rd St
5. Full Name of Mother, Mary Virginia Berry Lichman
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel A Dutrow
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return, John H Grimes M.D.
12. Address,
13. Remarks, 1898000022

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 88276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 13 January

4. *Place of Birth, (Street and Number)* 103 E Dallas St

5. *Full Name of Mother,* Carrie Hinkleman

6. *Mother's Maiden Name,* Haupt

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* John Hinkleman

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Wilbig

Address, 1802 E Lexington St

Remarks,

1 8 9 8 0 0 0 0 0 2 3

shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. S 9277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 13 th 1897
4. Place of Birth, (Street and Number) 1315 Eutaw st
5. Full Name of Mother, Carrie Gurry
6. Mother's Maiden Name, Carrie Brown
7. Mother's Birthplace, Annapolis
8. Full Name of Father, John Gurry
9. Father's Occupation Driver
10. Father's Birthplace, Forest River

Name of Medical Attendant, or other person who makes this Return, Victor Coleman

Address, 504 Preston st

Remarks, 1898 0 0 0 0 0 2 4

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 13/98
4. Place of Birth, (Street and Number) 2019 E. Lombard St.
5. Full Name of Mother, Mary Beegler
6. Mother's Maiden Name, " Dellio
7. Mother's Birthplace, Balto.
8. Full Name of Father, Anton Beegler
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenholer

Address, MIDWIFE

Remarks, 2285 South St. Baltimore, Md.

1898 0 0 0 0 0 0 2 5

Each Midwife is hereby required to comply with the provisions of this section shall be subject to the penalty hereafter fail to comply with any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the penalty hereafter fail to comply with any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 13 January

4. *Place of Birth, (Street and Number)* 717 S. Bond St.

5. *Full Name of Mother,* Catherina Wahl

6. *Mother's Maiden Name,* Ludyka

7. *Mother's Birthplace,* Pole

8. *Full Name of Father,* Fred. Wahl

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Thos. Dutt

Address, 838 S. Bond St.

Remarks,

1 8 9 8 U 0 0 0 0 2 6

Chief to report its form to the Commissioners. Whoever fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89280

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Thursday Jan 13th 1898
4. Place of Birth, (Street and Number) 719 Fayette st Balto City
5. Full Name of Mother, Mary E Hutton
6. Mother's Maiden Name, " " Reynolds
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Bernard J Hutton
9. Father's Occupation, Brass Finisher
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Geo Gray Tibbs

Address, 719 Fayette st

Remarks.

18980000027

Shall neglect to register the said birth as aforesaid, or to report the same as required by thereafter it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 13th
4. Place of Birth, (Street and Number) 1431 Bank st
5. Full Name of Mother, Maggie Stockman
6. Mother's Maiden Name, Maggie Roth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Stockman
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Engelhart

Address,

Remarks, 8980000028

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 13 1898
4. Place of Birth, (Street and Number)	753 W. Mulberry St
5. Full Name of Mother,	Mary McManus
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	Jno McManus
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	E K Bullard M.D.
Address,	
Remarks,	

18980000029

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89288

GIVEN NAME ADDED 9-27-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frederica

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Jan 7th, 1898

Place of Birth, (Street and Number) 13 Exeter St.

Name of Mother, Bessie Varnestein

Mother's Maiden Name, " Robinson.

Mother's Birthplace, Russia

Name of Father, Louis Varnestein

Father's Occupation Cabinetmaker

Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman.

Address, 42 · Albemarle St.

Remarks,

1 8 9 8 U 0 0 0 0 3 0

attendance upon child to report any such person jected to the fine o

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	5 th
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Jan 13, 1898.
4. *Place of Birth*, (*Street and Number*)	1407, E. Pratt St.
5. *Full Name of Mother*,	Mary Caplan
6. *Mother's Maiden Name*,	" Gelber
7. *Mother's Birthplace*,	Russia
8. *Full Name of Father*,	Joe Caplan
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*,	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs E. Schermer.
Address,	42. Albemarle St.
Remarks,	1898 00000031

attendance upon the mother, (whether the child was born alive or not,) in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	18 th
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Jan 13, 1898.
4. *Place of Birth*, (*Street and Number*)	1528 W. Pratt St.
5. *Full Name of Mother*,	Minnie Weinberg.
6. *Mother's Maiden Name*,	" Rabinovitch
7. *Mother's Birthplace*,	Russia
8. *Full Name of Father*,	Isaac Weinberg.
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*,	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. Sokerman
Address,	42 Gilmore St
Remarks,	1898 00000032

In the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89286

GIVEN NAME ADDED 12/13/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruth Naomi Bowen

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, January 13th 1898
5. Place of Birth, (Street and Number) 1934 W Balto St
6. Full Name of Mother, Ruth C. Bowen
7. Mother's Maiden Name, Boyd
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Harry B. Bowen
10. Father's Occupation Clerk
11. Father's Birthplace, Balto
12. Name of Medical Attendant, or other person who makes this Return, Edward H. Condon MD
13. Address, 1403 W Pratt St
14. Remarks,

8980000033

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89287

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Forth

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, January 13th 98

4. *Place of Birth*, (*Street and Number*) Monument St 850 E Balto City

5. *Full Name of Mother*, Mary Cohrs

6. *Mother's Maiden Name*, Lutz

7. *Mother's Birthplace*, Baltimore Md

8. *Full Name of Father*, William Lentz

9. *Father's Occupation* Merchant

10. *Father's Birthplace*, Linil Co Md

Name of Medical Attendant, or other person who makes this Return, Miss Barrett

Address, 111 Corn Street

Remarks,

1898000034

Wm. J. C. Dulany Co., City Printers and Stationers

Every Physician, Midwife or other person who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January the 13th 1898.
4. Place of Birth, (Street and Number) 1313 Lauer St. Balto City Md.
5. Full Name of Mother, Dora Elizabeth Siegert.
6. Mother's Maiden Name, " " Lupis
7. Mother's Birthplace, Balto City, Md.
8. Full Name of Father, Wm. F. J. Siegert.
9. Father's Occupation Bricklayer.
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Dr. Mary E Bentley

Address, No 1141 Ridgley St

Remarks, Child Living

8 9 8 0 0 0 0 0 3 5

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 14 98
4. *Place of Birth, (Street and Number)* Garrett Ave 1253
5. *Full Name of Mother,* Emilie Rothe
6. *Mother's Maiden Name,* Markus
7. *Mother's Birthplace,* Simpole Polen
8. *Full Name of Father,* Max Rothe
9. *Father's Occupation,* Steeldoor
10. *Father's Birthplace,* Simpole Polen

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske

Address, Garrett Ave 1252

Remarks, 8980000036

attendance upon the mother, immediately thereafter it shall become the duty of the person required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 89290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 14, 1898
4. *Place of Birth, (Street and Number)*	1435 Sharp St
5. *Full Name of Mother,*	Lena Ott Russell
6. *Mother's Maiden Name,*	Lena Ott Linz
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William F Russell
9. *Father's Occupation,*	Engineer
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return	Clemmie A Anderson
Address,	1434 Patapsco St
Remarks,	

8 9 8 0 0 0 0 0 3 7

any such person or persons who shall neglect or refuse to make such Return, as herein required, shall be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recover-

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Samuel Herbert 2nd Warehime

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 14th 98.

4. Place of Birth, (Street and Number) 1205 Patterson Ave.

5. Full Name of Mother, Margaret E. Warehime

6. Mother's Maiden Name, Margaret E. Dilcher

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, Samuel H. Warehime

9. Father's Occupation Carpenter

10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ecke. M.D. 1703 N. Fayette St.

Address,

Remarks. GIVEN NAME ADDED 4-2-54 8 9 8 0 0 0 4 0 0 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

S Ketchum
Katie

RETURN OF A BIRTH. 89293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 14 1898

4. Place of Birth, (Street and Number) 3714 Elliott St

5. Full Name of Mother, Sarah Schissler

6. Mother's Maiden Name, Sarah Ketchum

7. Mother's Birthplace, Balto

8. Full Name of Father, Jacob Schissler

9. Father's Occupation Painter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Phil J Kirk M.D

Address, 1219 Valley St

Remarks, 1 8 9 8 0 0 0 0 0 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 14 - 98.
4. Place of Birth, (Street and Number) 17 S. Exeter St.
5. Full Name of Mother, Jenny Freuke
6. Mother's Maiden Name, Jenny Goldsheid
7. Mother's Birthplace, ~~Baltimore~~ Russia
8. Full Name of Father, Isaac Freuke
9. Father's Occupation Plumber
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Dr Savage M.D.

Address, 6 S. Exeter St.

Remarks,

1898 U 0000040

Wm. J. C. Dulany Co., City Printers and Stationers.

Failure to report its birth to the Registrar of Vital Statistics, as required by law, shall be evidence that the child was born alive, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 1 1871 1898

4. Place of Birth, (Street and Number) 1116 Shields Alley

5. Full Name of Mother, Bettie A Wilkins

6. Mother's Maiden Name, Bettie A Lowe

7. Mother's Birthplace, Essex Co Va

8. Full Name of Father, Isaac Wilkins

9. Father's Occupation Butcher

10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. Chas Jeffers

Address, 422 Bradley St

Remarks.

1898000000041

comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

89295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 14 " 1898
4. *Place of Birth, (Street and Number)* 932 Druid Hill Ave
5. *Full Name of Mother,* Lizzie Waddington
6. *Mother's Maiden Name,* Lizzie Longer
7. *Mother's Birthplace,* Calvert County Md.
8. *Full Name of Father,* William Waddington
9. *Father's Occupation* Coal Business
10. *Father's Birthplace,* St Mary's County

Name of Medical Attendant, or other person who makes this Return, Hunter Coleman

Address, 309 Paca St

Remarks, 1898 00000042

Wm. J. C. Dulany Co., City Printers and Stationers.

89296

RETURN OF A BIRTH.

89296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Twin female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 14 January 1897
4. *Place of Birth, (Street and Number)* Fort Avenue & Hanover St
5. *Full Name of Mother,* Lizzie Trap
6. *Mother's Maiden Name,* Lizzie Talbert
7. *Mother's Birthplace,* Jersey City
8. *Full Name of Father,* Noll Trap
9. *Father's Occupation.* Cooper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1467 Nicholson St City

Remarks, 8980000043

In the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 14 1898

4. Place of Birth, (Street and Number) 221 W. Hamburg St.

5. Full Name of Mother, Elizabeth Miller

6. Mother's Maiden Name, Yaeger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Miller

9. Father's Occupation Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 8 0 0 0 0 0 4 4

any such person or persons who shall neglect or refuse to make such return, shall be guilty of a misdemeanor, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-19-55

RETURN OF A BIRTH. 89298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Bernstein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jany 14 '98
4. Place of Birth, (Street and Number)	255 N. Exeter Street
5. Full Name of Mother,	Annie Bernstein.
6. Mother's Maiden Name,	Gerte
7. Mother's Birthplace,	Poland
8. Full Name of Father,	Louis Bernstein
9. Father's Occupation	Baker
10. Father's Birthplace,	Poland
Name of Medical Attendant, or other person who makes this Return	Thomas Doe.
Address,	219 N. Monument St
Remarks,	1898 0000045

child to report its birth to the Commissioner of Health, in the manner directed by law, within ten days after the birth, and to comply with the provisions of this section shall be subject to a fine of not less than five (5) dollars nor more than fifty (50) dollars for each offence. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as several as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	Jan. 14th.
4. *Place of Birth, (Street and Number)*	252 Lucas st.
5. *Full Name of Mother,*	Carrie Quiller
6. *Mother's Maiden Name,*	Carrie Lewis
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Daniel Quiller
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Perkins
Address,	1241 S. Chester st
Remarks,	

1898U000046

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or said no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-10-52

89300

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Celeste Bernand ~~Weber~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 14 1898.

4. Place of Birth, (Street and Number) No. 602 E. Fayette St.

5. Full Name of Mother, Hattie Weber

6. Mother's Maiden Name, Hattie (Brannen) Bernand

7. Mother's Birthplace, Maryland.

8. Full Name of Father, Rudolph L. Weber.

9. Father's Occupation Baker.

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Bloodell M.D.

Address, 1241 Hayward Ave

Remarks, 8980000047

Wm. J. C. Dulany Co., City Printers and Stationers.

89301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

89301

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 14th 1898
4. Place of Birth, (Street and Number)	1828 McCulloh st.
5. Full Name of Mother,	Margaret L Bowers
6. Mother's Maiden Name,	Margaret L Hughes
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Clemens E Bowers
9. Father's Occupation	Salesman
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	John A Pennington M.D.
Address,	1716 Linden Ave
Remarks,	

18980000048

Wm. J. C. Dulany Co., City Printers and Stationers.

89202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2d
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Janry 14th 1898.
4. *Place of Birth, (Street and Number)*	2440 W Lexington Street
5. *Full Name of Mother,*	Emma Oblonylewicz
6. *Mother's Maiden Name,*	Emma O Zandzaf
7. *Mother's Birthplace,*	Austria Hun
8. *Full Name of Father,*	Samuel R Oblonylewicz
9. *Father's Occupation*	Paper-hanger
9. *Father's Birthplace,*	Russia Poland Jew Hun
Name of Medical Attendant, or other person who makes this Return.	Edward A Pennington M.D.
Address.	1716 Linden Ave
Remarks.	1898U000049

chill to report its birth to the Commissioner of Health within ten days after the birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Youth child born living.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Born the 14th January 1898

4. *Place of Birth, (Street and Number)* ~~Eastern~~ Ostrher Street No. 1102.

5. *Full Name of Mother,* Kate Whitehurst

6. *Mother's Maiden Name,* Kate Hetzel

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William C. Whitehurst

9. *Father's Occupation* Laborer on the electric work

10. *Father's Birthplace,* Portmouth Virginia

Name of Medical Attendant, or other person who makes this Return, P. Bersemann

Address, No. 1101. Chesapeake St.

Remarks, none

1898U0000050

Fold to the line of ten (10) dots for Index.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan-14-98
4. *Place of Birth, (Street and Number)*	24 S Grimes St.
5. *Full Name of Mother,*	Mary Emily Rate Rhudolph
6. *Mother's Maiden Name,*	Grimm
7. *Mother's Birthplace,*	Sour Ridge Pa
8. *Full Name of Father,*	Shipping Clerk
9. *Father's Occupation*	Germany
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	C. A. Lumpkin
Address,	801 N Gay cor Eden St
Remarks,	

1898000051

jected to the fine of ten (10) dollars for each

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8980 B

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) #1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Jan 14 '98
4. *Place of Birth, (Street and Number)* 1410 Bank St.
5. *Full Name of Mother,* Alonda Haywood
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm Hall
9. *Father's Occupation* Expressman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, M D Fields

Address, 1410 Bank Way

Remarks,

1 8 9 8 0 0 0 0 0 5 2

jected to the fine of ten (10) dollars for each offence.

J. C. Dulany Co., City Printers and Stationers.

89306

RETURN OF A BIRTH. 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 14 1898
4. *Place of Birth, (Street and Number)* 523 August Ln
5. *Full Name of Mother,* Yettie Shpan
6. *Mother's Maiden Name,* Y. Kredger
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Mike Shpan
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkelberg

Address, 25 Lloyd

Remarks, 8980000053

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Raymond Earl Lenhard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 14th 1898
4. Place of Birth, (Street and Number) 1706 N. Patterson Park Ave
5. Full Name of Mother, ~~Frederick H~~ Lenhard Louisa
6. Mother's Maiden Name, Louisa Pruett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick W Lenhard
9. Father's Occupation Plumer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Brown

Address, 1610 Wolfe st

Remarks, GIVEN NAME ADDED. 10-12-51

1 8 9 8 0 0 0 0 0 5 4

attendance upon the mother, immediately thereafter it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 89808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14th of January 1898
4. *Place of Birth, (Street and Number)* No 2 Maidenhair Lane Carroll Baltimore
5. *Full Name of Mother,* Mary Elizabeth Witte
6. *Mother's Maiden Name,* Mary Elizabeth Wendlauer
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* William Henry Witte
9. *Father's Occupation* florist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Elizabeth Wicks

Address, Hoffman and Lane Baltimore

Remarks, Full name of child - Frederick Benjamin Witte

8980000055

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 14 1898.
4. *Place of Birth, (Street and Number)*	232 S. Eden St.
5. *Full Name of Mother,*	Becki Cohen
6. *Mother's Maiden Name,*	" Rodovitch
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Benjamin Cohen
9. *Father's Occupation*	Peddler
10. *Father's Birthplace,*	Russia.
Name of Medical Attendant, or other person who makes this Return,	Nora E. Scherman.
Address,	42. Albemarle St.
Remarks,	

8980000056

shall occur without the attendance of a physician or pr... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to co... jected to the fine of ten dollars for each offence, to be ... shall become the duty of the person or parents of such ... the manner and within the period above required, and ... mply with the provisions of this section shall be sub- ... recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6 ter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) 14th of January 98

3. Date of Birth, 2029 Frederick av.

4. Place of Birth, (Street and Number) Cary Bieglein.

5. Full Name of Mother, Cary Joa

6. Mother's Maiden Name, Germany

7. Mother's Birthplace, Georg Bieglein

8. Full Name of Father, Bäckerkeper

9. Father's Occupation Germany

10. Father's Birthplace, Friederike Kuster midwife

Name of Medical Attendant, or other person who makes this Return, 2116 N Pratt St

Address,

Remarks, 1898 0 0 0 0 0 5 7

child to report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89311

GIVEN NAME ADDED 4-9-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Erna Johanna Greenwood Hanson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 12 1918
4. *Place of Birth, (Street and Number)* 922 E Pratt St
5. *Full Name of Mother,* Anna C. Hanson
6. *Mother's Maiden Name,* Anna C. Haus
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* George Hanson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E. Bryan

Address, 2225 Brook Ave

Remarks, City

8 9 8 0 0 0 0 0 5 8

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 14 th 1898
4. Place of Birth, (Street and Number) 2114 E Hoffman st
5. Full Name of Mother, Maggie Fritz
6. Mother's Maiden Name, Maggie Kugel
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Fritz
9. Father's Occupation Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, 1610 Wolfe st

Remarks, 8 9 8 U 0 0 0 0 5 9

shall occur without the attendance of a physician or practitioner of midwifery, or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable as other fines are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 15/98
4. *Place of Birth, (Street and Number)* 107 S. Register Ave.
5. *Full Name of Mother,* Mary Ford
6. *Mother's Maiden Name,* Wunder
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Ford
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer,

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 U 0 0 0 0 0 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 15th 1898
4. *Place of Birth, (Street and Number)*	2818 Dillon Street, Canton
5. *Full Name of Mother,*	Cally Neals
6. *Mother's Maiden Name,*	Jacobs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John S Neals
9. *Father's Occupation*	Huckster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kron Midwife
Address,	1922 E Fayette Street
Remarks,	

8 7 8 0 0 0 0 0 6 1

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulaney Co., City Printers and Stationers.

RETURN OF A BIRTH. 89810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 15th '98
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Jennie Naylor
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Harry Hann
9. Father's Occupation Waiter
10. Father's Birthplace, American

Name of Medical Attendant, or other person who makes this Return, Geo. W. Corbin

Address, The Johns Hopkins Hospital.

Remarks, 1898 0 0 0 0 0 6 2

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 8931/6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. Sex, (state whether male or female) Mail
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, January 15 th 1898
4. Place of Birth, (Street and Number) #1322 Fells St Balto
5. Full Name of Mother, Mary Harper
6. Mother's Maiden Name, Mary Handy
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Harper
9. Father's Occupation, Oyster Dealer
10. Father's Birthplace, St Mary's County Md

Name of Medical Attendant, or other person who makes this Return. Mary Burns

Address, #555 Oxford St Baltimore

Remarks, 8 1/8 U 0 0 0 0 0 6 3

third day of each and every month to the office of the Commissioner of Health. In case no birth shall occur within the time above specified, a report to that effect shall be made. Any physician or practitioner of midwifery, or other person who shall fail to make the return required by this section, or who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 89817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 15 '98
4. *Place of Birth, (Street and Number)*	320 E Hamburg
5. *Full Name of Mother,*	Mary E. Winebrenner
6. *Mother's Maiden Name,*	" " Hoffman
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Chas C. Winebrenner
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	J. H. Cole M.D.
Address,	
Remarks,	8980000064

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 15th 1898
4. *Place of Birth, (Street and Number)* 613 Lexington st E.
5. *Full Name of Mother,* Annie D'Ratta
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John D'Ratta
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 1228 Exeter st.

Remarks,

B 98 U 0000065

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten [illegible] for each offence, to be recovered as other fines and [illegible] are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 13 January
4. *Place of Birth, (Street and Number)* 1402 Fort Ave.
5. *Full Name of Mother,* Louisa Ray
6. *Mother's Maiden Name,* " Benson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Ray
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Asst. Matron

Address, 1331 Hull St. South Point,

Remarks,

8 9 8 0 0 0 0 0 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Cit

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Tenth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 15 th 1898
4. Place of Birth, (Street and Number) 1414 Lester st
5. Full Name of Mother, Catherine Johnson
6. Mother's Maiden Name, Catherine Bell
7. Mother's Birthplace, Baltimore Hartford County
8. Full Name of Father, John H. Johnson
9. Father's Occupation Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Brown

Address, 1610 Madison st

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 8 0 0 0 0 0 6 7

RETURN OF A BIRTH. 89321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Jan. 15 1898
4. *Place of Birth, (Street and Number)* 1233 Robert st
5. *Full Name of Mother,* Annie Montgomery
6. *Mother's Maiden Name,* Annie Fogler
7. *Mother's Birthplace,* America
8. *Full Name of Father,* William Montgomery
9. *Father's Occupation* Labor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks, 8980000068

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th,
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 15th, 1898.
4. *Place of Birth, (Street and Number)*	1009 E. Hoffman St.
5. *Full Name of Mother,*	Mary E. McKenna
6. *Mother's Maiden Name,*	Mary E. Curry
7. *Mother's Birthplace,*	Philadelphia, Pa.
8. *Full Name of Father,*	Michael McKenna
9. *Father's Occupation*	Police Officer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D.
Address,	S.W. Cor. Calvert & Preston Sts.
Remarks,	8980000069

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Saturday January 15th 98. (9.40 P.M.)
4. *Place of Birth, (Street and Number)* 1202 Druid Hill Ave.
5. *Full Name of Mother,* Mary G. Deibert
6. *Mother's Maiden Name,* Mary G. Harding
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Joseph W. Deibert
9. *Father's Occupation* Butter Merchant
10. *Father's Birthplace,* Hagerstown Md

Name of Medical Attendant, or other person who makes this Return, Chas. Emerich Md

Address, 112 W. Mulberry St Baltimore

Remarks,

8 9 8 0 0 0 0 7

Wm. J. C. Dulaney Co., City Printers and Stationers

RETURN OF A BIRTH. 89824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth,*	January 15th 98.
4. *Place of Birth, (Street and Number)*	1412 Madison Ave
5. *Full Name of Mother,*	Lucy Jane Moffat
6. *Mother's Maiden Name,*	" " Devilbiss
7. *Mother's Birthplace,*	Belle Farm Accomac Co. Va.
8. *Full Name of Father,*	Thomas R. Moffat
9. *Father's Occupation,*	Manager in Dry Goods Store
10. *Father's Birthplace,*	Scotland
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	219 W. Monument St.
Remarks,	

1898 0000071

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-M.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 15-th / 08

4. Place of Birth, (Street and Number) 2026 McElderry Str

5. Full Name of Mother, Mary A Meyers

6. Mother's Maiden Name, Buchmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Meyers

9. Father's Occupation Cookery Ware

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, 1907 E Monument Str

Remarks, 8980000072

...stendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 15th 1898
4. *Place of Birth, (Street and Number)* 702 Montford ave
5. *Full Name of Mother,* Helene Wittig
6. *Mother's Maiden Name,* Riemer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew Wittig
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Grun.

Address, 1907 E Monument St

Remarks, 8780000073

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) — —

3. Date of Birth, Jan 15. 1898

4. Place of Birth, (Street and Number) 534 Mountford ave

5. Full Name of Mother, Sophia Pfeifer

6. Mother's Maiden Name, Römer

7. Mother's Birthplace, Germany

8. Full Name of Father, Benedict Pfeifer

9. Father's Occupation Saloon

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Grass.

Address, 1907 E Monument St

Remarks, 8980000074

attendance upon the mother, immediately thereafter it shall be in child to report its birth to the Commissioner of Health, in the any such person or persons who shall hereafter fail to comply jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

8932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 15th 1898
4. *Place of Birth, (Street and Number)*	818 North Entaw St
5. *Full Name of Mother,*	Julia Dean Dutton
6. *Mother's Maiden Name,*	Julia Dean
7. *Mother's Birthplace,*	Anglianapolis Ind.
8. *Full Name of Father,*	Noah Dutton
9. *Father's Occupation,*	Cabinet Maker
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	H. H. Riedler M.D.
Address,	119 Saratoga St West
Remarks,	18980000075

certificate, between the first and third day of each month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should in other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and hereafter fail to comply with the provisions of this section shall be subject any person or persons who offence, to be recovered as other fines and penalties are recoverable. to a fine of ten dollars for

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 89329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th & 6th (Twins)

1. Sex, (state whether male or female) Females.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 15 1898
4. Place of Birth, (Street and Number) No. 116 E. Federal Street
5. Full Name of Mother, Caroline Eagan
6. Mother's Maiden Name, Caroline Frederick
7. Mother's Birthplace, Maryland
8. Full Name of Father, Hugh H Eagan
9. Father's Occupation Waiter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Aug. A. Blundell M.D.

Address, 1741 Maryland ave

Remarks,

B 4 8 0 0 0 0 0 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

89330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Mulatto

3. *Date of Birth,* Jan. 5th, 1898.

4. *Place of Birth, (Street and Number)* 411½ N. High St.

5. *Full Name of Mother,* Annie Jackson

6. *Mother's Maiden Name,* Annie Lee

7. *Mother's Birthplace,* Virginia.

8. *Full Name of Father,* Robert Jackson

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Linden Peters M.D.

Address, Johns Hopkins Hosp.

Baltimore Md.

Remarks,

1898000000077

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 15th 1898.
4. Place of Birth, (Street and Number)	1825 Aliceanna St
5. Full Name of Mother,	Mary Fox
6. Mother's Maiden Name,	Mary West
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Steven Fox
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Mrs Anna Levy Midwife
Address,	1539 Aliceanna Street
Remarks,	

8 9 8 0 0 0 0 0 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report at this office to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 12 1898.
4. *Place of Birth, (Street and Number)* 926 Eutaw St.
5. *Full Name of Mother,* Emma Frech
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Frech
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Henry Hoffman

Address, 926 Eutaw St

Remarks,

1898 0000079

Wm. J. C. Dulany Co., City Printers and Stationers.

89338

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. St

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 15/98

4. Place of Birth, (Street and Number) #626 S. Durham St

5. Full Name of Mother, Mary Stacharowski.

6. Mother's Maiden Name, Mary Jankowiak.

7. Mother's Birthplace, Germany

8. Full Name of Father, John Stacharowski.

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Anna Grochowski

Address, #1710 Alice Anna St

Remarks, None

1898 0 0 0 0 0 0 8 0

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89334

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, January 5 1915
4. Place of Birth, (Street and Number) 1134 Shields Alley
5. Full Name of Mother, Grace Hill
6. Mother's Maiden Name, Hill
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Walter Charles Chaffer
9. Father's Occupation, Musician
10. Father's Birthplace, Singer

Name of Medical Attendant, or other person who makes this Return. Asst. Surgeon M. Brown

Address, 563 Dolphin St. Baltimore City Hospital

Remarks, [illegible] 8 7 6 0 0 0 0 0 8 1

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RETURN OF A BIRTH. 89835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15 Jan
4. Place of Birth, (Street and Number) 925 N. Wolfe St
5. Full Name of Mother, Claudia Baker
6. Mother's Maiden Name, Claudia Floyd
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John G. Baker.
9. Father's Occupation Paints Dresser.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Grist Midwife.

Address, 1417 E. Eager St

Remarks,

8 4 8 0 0 0 0 0 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 15 1895
4. *Place of Birth, (Street and Number)* 106 Albemarble st
5. *Full Name of Mother,* Lena Brenner
6. *Mother's Maiden Name,* Lena Brenner
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacof Brenner
9. *Father's Occupation,* Dairy
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Y. Feldman

Address, 1013 E Lombard St

Remarks, 8980000083

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and may such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. E. SHLATZ CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 89337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 15. 1898
4. Place of Birth, (Street and Number) 1738 N. Chester st
5. Full Name of Mother, Susanna Weckselberger
6. Mother's Maiden Name, Susanna Zapf
7. Mother's Birthplace, Savaria
8. Full Name of Father, Joseph Weckselberger
9. Father's Occupation Silversmith
10. Father's Birthplace, Tyrol, Austria
11. Name of Medical Attendant, or other person who makes this Return W. C. Sandrock
12. Address, 1242 N. Broadway
13. Remarks, 8980000084

manner and within the period above required, and with the provisions of this section shall be any such person or persons who shall hereafter fail to comply to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	15. January 1898
4. *Place of Birth, (Street and Number)*	No 15. Poultney St.
5. *Full Name of Mother,*	Katie E. Mc. Keown
6. *Mother's Maiden Name,*	Katie E Dougherty
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Mc. Keown
9. *Father's Occupation*	Foreman
10. *Father's Birthplace,*	Richmond
Name of Medical Attendant, or other person who makes this Return,	Mrs. Ann Taylor
Address,	41. Guilford alley.
Remarks,	

1898000085

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. S9329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* # 231 January 15th 1898
4. *Place of Birth, (Street and Number)* #231 S. Regester St. Balto
5. *Full Name of Mother,* Ingri Johnson.
6. *Mother's Maiden Name,* Anne Swanson
7. *Mother's Birthplace,* Sweedland.
8. *Full Name of Father,* John Johnson.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Sweedland.

Name of Medical Attendant, or other person who make this Return, Mrs. Mary N. Taylor

Address, #611 S. Patterson Pk. Ave Balto. Md.

Remarks, 1898000000086

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 15 - 1898
4. *Place of Birth, (Street and Number)*	905 Gilles
5. *Full Name of Mother,*	Ignazina Farace
6. *Mother's Maiden Name,*	Giovengo
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Vincent Farace
9. *Father's Occupation*	Fruit dealer
Father's Birthplace,	Italy
Name of Medical Attendant, or other person who makes this Return,	Mrs Marie Romano
Address,	302 N. High St
Remarks,	C R

8 V 8 U 0 0 0 0 0 8 7

...J. C. Delany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, January 16th 1898
4. Place of Birth, (Street and Number) 1 Parrish al 1457
5. Full Name of Mother, Bertha Williams
6. Mother's Maiden Name, Bertha Coats
7. Mother's Birthplace, Richmond, Va.
8. Full Name of Father, Robert Franklin Williams
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, G. A. Levy

Address, 318 N. Saratoga, St. Balto. Md

Remarks, Normal Delivery.

1 8 9 8 0 0 0 0 0 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Jan 16
4. *Place of Birth, (Street and Number)* Jan 16 Ward 1301
5. *Full Name of Mother,* Cora Ward
6. *Mother's Maiden Name,* Cora Wolff
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Wolff
9. *Father's Occupation,* Sewer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Quinter Jane Jane

Address, Stock Street 856

Remarks, 1 8 9 8 0 0 0 0 0 8 9

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

$9328

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child B98
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16 January
4. *Place of Birth, (Street and Number)*	1741 Charles St
5. *Full Name of Mother,*	Ella Hartman
6. *Mother's Maiden Name,*	Ella Arthur
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Frank Hartman
9. *Father's Occupation*	Shipping Business
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Damp Mill

1 8 9 8 U 0 0 0 0 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Harris

1. Sex, (state whether male or female) Female Colorde

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, January 16 1890

4. Place of Birth, (Street and Number) Balto. No 925 Plummer Ally

5. Full Name of Mother, Mary Jann Harris

6. Mother's Maiden Name, Mary Jann Hughes

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm Harris

9. Father's Occupation, Labor

10. Father's Birthplace, Dorchester Co. Md

Name of Medical Attendant, or other person who makes this Return, Annie Johnson

Address, No 925 Plum Ally

Remarks, Baby Dide January 22 ad. 1898

8 9 8 0 0 0 0 0 9 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Harris

1. Sex, (state whether male or female) Female Colord

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, Sunday January 16-1898

4. Place of Birth, (Street and Number) Baltimore Plum Aly 925

5. Full Name of Mother, Mary Jain Harris

6. Mother's Maiden Name, Mary Jane Haighs

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm Harris

9. Father's Occupation Laborer

10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Annie L Johnson

Address, 925 Plum Aly

Remarks,

18980000092

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16 January
4. Place of Birth, (Street and Number) 1514 Clement st.
5. Full Name of Mother, Auguste Freder
6. Mother's Maiden Name, J. Weihs.
7. Mother's Birthplace, Germany
8. Full Name of Father, Karl Freder
9. Father's Occupation Shoe maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Wyman.

Address, 1331 Hull St. Locust Point.

Remarks,

B 7 8 U 0 0 0 0 9 3

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male Richard Oliver Lichtenberg
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 16 th 1898
4. Place of Birth, (Street and Number) No: 546 Frederick Ave
5. Full Name of Mother, Mary Lichtenberg
6. Mother's Maiden Name, Mary Felger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Lichtenberg
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave

Remarks,

8 v 8 0 0 0 0 0 0 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) W
3. Date of Birth, Jan 16 98
4. Place of Birth, (Street and Number) ~~5~~ 1110 N Calhoun St
5. Full Name of Mother, Beulah Hall
6. Mother's Maiden Name, Beulah Trueheart
7. Mother's Birthplace, Balto.
8. Full Name of Father, William B Hall
9. Father's Occupation Dairy Business
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Charles H Burkert

Address, 928 Penna Ave

Remarks,

8 9 8 U 0 0 0 0 9 5

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89849

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 16 98
4. Place of Birth, (Street and Number) 1518 Windsor Ave
5. Full Name of Mother, Louisa Cashman
6. Mother's Maiden Name, " Kneeb
7. Mother's Birthplace, Balto.
8. Full Name of Father, William J. Cashman
9. Father's Occupation Horse-shoer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Charles H Zubert

Address, 1928 Pennsylvania Ave

Remarks,

8 4 8 0 0 0 0 0 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16th 1898
4. Place of Birth, (Street and Number) Baltimore Md # 314 N Broadway
5. Full Name of Mother, Florence E. Green
6. Mother's Maiden Name, " " Engelbrecht
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Samuel A. Green
9. Father's Occupation Moulder.
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return. Dr Inge Pearce
12. Address, # 414 E Biddle St Baltimore Md
13. Remarks, Mother and Child are doing well.

1898 0000097

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-10-59

89857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gladys Marie Evans

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 16th 1898

4. Place of Birth, (Street and Number) 1415 Mount St

5. Full Name of Mother, Margaret Evans

6. Mother's Maiden Name, Benjamin

7. Mother's Birthplace, Balto Co

8. Full Name of Father, John Evans

9. Father's Occupation Builder

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Sadtler

Address, 1800 Bolton St

Remarks, 8980000098

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89332

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd
1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 16th 1898
4. *Place of Birth, (Street and Number)* #1391 N. Hamburg St.
5. *Full Name of Mother,* Dora C. Quandt
6. *Mother's Maiden Name,* Mehring
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Herman A. Quandt
9. *Father's Occupation,* Salesman
0. *Father's Birthplace,* Germany
- *Name of Medical Attendant, or other person who makes this Return,* Wm. E. Miller M.D.
- *Address,* #2239 Pennsylvania Ave
- *Remarks,* 1898000099

child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89884
89353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male (Robert Earl Jr.)
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 16th 1898
4. Place of Birth, (Street and Number)	105 Carroll St. (also called 11th between Ky)
5. Full Name of Mother,	Laura Virginia Hudson Wise
6. Mother's Maiden Name,	Laura Virginia Hudson
7. Mother's Birthplace,	Kath Eastin Pennington
8. Full Name of Father,	Frank C. Wise
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore City.
Name of Medical Attendant, or other person who makes this Return,	Dr. Shelley MD.
Address,	1426 Chestnut Ave.
Remarks.	

B98U000100

child to report its birth to the Commissioner of Health, within ten days after birth, and in the manner directed by the Board of Health, and to comply with the provisions of this section shall be subject to a penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 16th 1898
4. Place of Birth, (Street and Number) No: 10 Carral St
5. Full Name of Mother, Amie Fockel
6. Mother's Maiden Name, Annie Clpelt
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Fockel
9. Father's Occupation ~~Farmer~~ Carpinter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No 512 Frederick Ave

Remarks,

8 4 8 0 0 0 0 1 0 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

89868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Jan., 16th.
4. Place of Birth, (Street and Number) 504 Bloom St.
5. Full Name of Mother, Gertrude Mc. Laughlin
6. Mother's Maiden Name, Gertrude Fisher.
7. Mother's Birthplace, Westmoreland co. Va.
8. Full Name of Father, Silas Mc. Laughlin
9. Father's Occupation, Porter.
10. Father's Birthplace, Danville Va.

Name of Medical Attendant, or other person who makes this Return. Dr. Annie M. Bowers

Address, 563 Dolphin St Baltimore City Md.

Remarks, see Remarks

8 9 8 0 0 0 0 1 0 2

attendance upon the mother immediately thereafter it shall be the duty of the physician, midwife or other person in attendance upon the case to report the birth to the Commissioner of Health, in the manner and within the period above required, and child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

89836

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 16, 1898

4. Place of Birth, (Street and Number) 924 E. Pratt st

5. Full Name of Mother, H. Safastuty

6. Mother's Maiden Name, H. Gatz

7. Mother's Birthplace, Russia

8. Full Name of Father, G. Safastuty

9. Father's Occupation, Cloak maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Feldman

Address, 1013 E. Lombard st

Remarks, 8980000103

the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 89867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 16th 1898
4. *Place of Birth, (Street and Number)* 2814 Bunord St
5. *Full Name of Mother,* Susie London
6. *Mother's Maiden Name,* Susie Dixon
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Benjamin F. London
9. *Father's Occupation* Railroader
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this return, G. K. Riley MD

Address, 724 N. Leavey St City

Remarks,

+ 8 9 8 0 0 0 0 1 0 4

Any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Md. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	16th of January 98
4. Place of Birth, (Street and Number)	329 Forrest St
5. Full Name of Mother,	Marge Gribert
6. Mother's Maiden Name,	Marge Straub
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John Gribert
9. Father's Occupation	Laber
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St
Remarks,	

1898U000105

...ave each person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry Masopust

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 of January 1898

4. Place of Birth, (Street and Number) 2022 Booke str

5. Full Name of Mother, Agnes (Agie) (Masopus) Masopust

6. Mother's Maiden Name, Agie Hrbek

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph (Jay) Masopust

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Luise Svatara

Address, 1010 Durham str

Remarks, 8 7 8 U 0 0 0 1 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

... of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 16/91
4. Place of Birth, (Street and Number) 862 Stricker St.
5. Full Name of Mother, Maggie Keuck
6. Mother's Maiden Name, Oberndorfer
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Keuck
9. Father's Occupation Stevedore
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 0 0 0 0 1 0 7

... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 16/98
4. Place of Birth, (Street and Number) 1817 E. Fayette St.
5. Full Name of Mother, Emma Pohlman
6. Mother's Maiden Name, " Ottenheim
7. Mother's Birthplace, Balto.
8. Full Name of Father Julius Pohlman
9. Father's Occupation Grocer
10. Father's Birthplace, Balto.
11. Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.
12. Address, MIDWIFE, 2225 Gough St. Baltimore, Md.
13. Remarks, 8 7 8 0 0 0 0 | 0 8

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 16, 1898
4. Place of Birth, (Street and Number)	820 Ironsford Ave.
5. Full Name of Mother,	Annie Klutz
6. Mother's Maiden Name,	Annie Smith
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Charles Klutz
9. Father's Occupation	Carpenter
Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	Isaac L. Swayne
Address,	827 S. Canton St.
Remarks,	

8 9 8 0 0 0 0 1 0 9

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 16th 1898
4. *Place of Birth, (Street and Number)*	1214 N Stricker St
5. *Full Name of Mother,*	Gabrielle C Camper
6. *Mother's Maiden Name,*	" Springer
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William Camper
9. *Father's Occupation,*	Unemployed
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Phil Field M.D
Address,	*700 W Fulton Ave.
Remarks,	

1898000110.

shall occur without the attendance of a physician or practitioner of ... or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or fines for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89864

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	13 Ch.
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Jan 16 1898.
4. *Place of Birth*, (*Street and Number*)	215 Gay St.
5. *Full Name of Mother*,	Rebecca Freedenberg
6. *Mother's Maiden Name*,	" Goldstein
7. *Mother's Birthplace*,	Russia
8. *Full Name of Father*,	Abraham Freedenberg.
9. *Father's Occupation*	Storekeeper
10. *Father's Birthplace*,	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. Schierman,
Address,	42. Allemarle St.
Remarks,	8980000111

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~25~~ 16 Jan 1898
4. Place of Birth, (Street and Number) 1617 Rycster st
5. Full Name of Mother, Maggie Schaefer
6. Mother's Maiden Name, Maggie Welch
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernard Schafer
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Brunn

Address, 1610 Wolfe st

Remarks, 8 9 8 6 3 0 0 0 1 1 2

child to report its birth to the Commissioner of Health, in the number and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-17-55

89866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Dewey Forrest

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16 of January - 1898
4. Place of Birth, (Street and Number) 1022 Carey Str
5. Full Name of Mother, Josephine Forrest
6. Mother's Maiden Name, Josephine Ernst
7. Mother's Birthplace, Virginia
8. Full Name of Father, Edwin Forrest
9. Father's Occupation Labor
10. Father's Birthplace, Scotland
11. Name of Medical Attendant, or other person who makes this Return, Ida Burkart
12. Address, 1011 Bouldin St
13. Remarks.

8980000113

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, ~~200 S. Eden St~~ Jan. 17 1898
4. Place of Birth, (Street and Number) 200 S. Edeter St.
5. Full Name of Mother, Jennie Wolf
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Abraham Wolf
9. Father's Occupation Peddler
10. Father's Birthplace, Europe
11. Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein
    Address, 122 S. Edeter St.
    Remarks,

1898U000114

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex. (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Col
3. Date of Birth,	Jan 17 1926
4. Place of Birth, (Street and Number)	1426 Short St
5. Full Name of Mother,	Eliza Ringold
6. Mother's Maiden Name,	Eliza Wells
7. Mother's Birthplace,	Md
8. Full Name of Father,	Henry Ringold
9. Father's Occupation	Laborer
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return,	A Weyforth
Address,	733 Bond St
Remarks,	8480000115

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 17 1898

4. *Place of Birth, (Street and Number)* No. 1930 Orleans street

5. *Full Name of Mother,* Emma Johnson

6. *Mother's Maiden Name,* Emma Jordan

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* George W. Johnson

9. *Father's Occupation* Conductor

0. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Asa A. Bloxell M.D

Address, 1941 Harford ave

Remarks,

B 9 8 0 0 0 0 0 1 1 6

Child to be reported at its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 17th, 1898
4. Place of Birth, (Street and Number) 629 N. Chapel St.
5. Full Name of Mother, Teresa Grill
6. Mother's Maiden Name, Teresa Fuchs
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Grill
9. Father's Occupation Furniture Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Baltimore Md.

Remarks,

8 9 8 U 0 0 0 1 1 7

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd
1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 17 1895
4. *Place of Birth, (Street and Number)* 77 Calvin St.
5. *Full Name of Mother,* Agusta Miskill
6. *Mother's Maiden Name,* Stecker
7. *Mother's Birthplace,* Butler Co. Penn.
8. *Full Name of Father,* John C. Miskill
9. *Father's Occupation.* Cooper
10. *Father's Birthplace,* Boston, Mass.
11. *Name of Medical Attendant,* or other person who makes this Return. H. Mitnick, M.D.
12. *Address,* 30 N Exeter St.
13. *Remarks,*

8980000118

Every person having charge of any child required by this section to be registered, and who shall neglect to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. O'LEARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 59372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 17th 1898

4. Place of Birth, (Street and Number) #126 David Ave.

5. Full Name of Mother, F. Alice Mosimer.

6. Mother's Maiden Name, Sampson

7. Mother's Birthplace, Maryland.

8. Full Name of Father, Charles A. Mosimer

9. Father's Occupation Clerk.

10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return R. B. Norwood M.D.

Address, 320 Falls Road

Remarks,

8 9 8 0 0 0 0 1 1 9

Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health fail to comply with the provisions of this section shall be sub any such person or persons who shall hereafter fail to jected to the fine of ten (10) dollars for each offence, to ence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers

89878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 17th 1898
4. Place of Birth, (Street and Number)	2415 E Monument St.
5. Full Name of Mother,	Lizzie Simpson
6. Mother's Maiden Name,	W. Schweigert
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Simpson
9. Father's Occupation	Electrician
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Brown Midwife
Address,	1922 E Fayette Street
Remarks,	

1898 00000120

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Name: Howard Henry Schmelbach Female Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 7 28
4. Place of Birth, (Street and Number) 693 Walker St
5. Full Name of Mother, Annie (Sarah Magale) Schmelbach
6. Mother's Maiden Name, " Doll "
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry (Samuel Wesley) Schmelbach
9. Father's Occupation Dairy
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Keller

Address, 693 Walker St

Remarks,

1898 0000121

Wm. J. C. Dulany Co., City Printers and Stationers.

89375

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 5

1. *Sex,* (*state whether male or female*) Boy
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 11 January
4. *Place of Birth,* (*Street and Number*) 619 S. Bond St.
5. *Full Name of Mother,* Katie Gragovic
6. *Mother's Maiden Name,* Rudanic
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Michael Dragovic
9. *Father's Occupation* Work-mate
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Bett

Address, 838 S. Bond St.

Remarks,

1898 0 0 0 0 1 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...under and within the provisions of this section shall be subject to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section shall be subject to any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 17 1898

4. *Place of Birth, (Street and Number)* 1318 Block

5. *Full Name of Mother,* Mrs Lizzie

6. *Mother's Maiden Name,* Neal Nast

7. *Mother's Birthplace,* Boston

8. *Full Name of Father,* Joseph Lizzie

9. *Father's Occupation* Butcher

. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs B Donnelly

Address, 1635 Walsh St

Remarks, No

8 9 8 7 6 0 0 0 1 2 3

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED -1-24-67

RETURN OF A BIRTH. 89877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARIE ELIZABETH SPRIGGS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 17 1923
4. *Place of Birth, (Street and Number)* 830 Hampshire St
5. *Full Name of Mother,* Mary A Spriggs
6. *Mother's Maiden Name,* Mary A Trimmer
7. *Mother's Birthplace,* Elkton City
8. *Full Name of Father,* William Spriggs
9. *Father's Occupation* coachman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Hester Coleman

Address, 1129 Pulton St

Remarks,

1898000000124

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th. birth

1. *Sex, (state whether male or female)* Males 2

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan. 17th., 1898

4. *Place of Birth, (Street and Number)* 217 W Conway St

5. *Full Name of Mother,* Lena Stein

6. *Mother's Maiden Name,* " Sacks

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Joseph Stein

9. *Father's Occupation* Clothier

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Rubinstein

Address, 123 W. Barre St

Remarks, Twins

8980000125

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th January 1898
4. Place of Birth, (Street and Number) Balto. 1134 W. Lan. St.
5. Full Name of Mother, Lora E. Murphy.
6. Mother's Maiden Name, Lora E. O'Hara
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Murphy.
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. King, Nurse.

Address, 921 Ryan st Baltimore Md.

Remarks,

8980000126

Any person required by this section to report the birth of any child who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 16 Jan. 1898

4. Place of Birth, (Street and Number) 1815 Charles st

5. Full Name of Mother, Maggie Volkenfuss

6. Mother's Maiden Name, Maggie Schwarz

7. Mother's Birthplace, Germany

8. Full Name of Father, Ernst Volkenfuss

9. Father's Occupation labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks, 8980000127

Any person who shall neglect the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 17th
4. *Place of Birth, (Street and Number)*	113 Madeira st
5. *Full Name of Mother,*	Maggie Botz
6. *Mother's Maiden Name,*	Maggie Dellman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Botz
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary E Portner
Address,	1241 S Chesterst
Remarks,	

8980000128

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

...r. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 12 1898
4. *Place of Birth, (Street and Number)* 1721 Bank St.
5. *Full Name of Mother,* Elizabeth Dorries
6. *Mother's Maiden Name,* Sturmfels
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles H. Dorries
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 429 E. Bank St.

Remarks,

8980000129

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8-7388

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 17, 1898

4. *Place of Birth, (Street and Number)* 108 E. Montgomery st

5. *Full Name of Mother,* Minnie Sandrock

6. *Mother's Maiden Name,* Minnie Burkheimer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Julius F. Sandrock

9. *Father's Occupation* Bookkeeper

0. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W. C. Sandrock

Address, 1242 N. Broadway

Remarks, 1898U000130

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 17th 1898
4. *Place of Birth, (Street and Number)*	No 1508 Riverside ave
5. *Full Name of Mother,*	Emma Colson
6. *Mother's Maiden Name,*	Emma Dixon
7. *Mother's Birthplace,*	Baltimore Co
8. *Full Name of Father,*	Frank Colson
9. *Father's Occupation*	Fodger
10. *Father's Birthplace,*	Baltimore Co
Name of Medical Attendant, or other person who makes this Return	Catherine Horning
Address,	No 1517 Byrd st
Remarks,	

1898000131

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th Jan 1898
4. *Place of Birth, (Street and Number)* 2009 Oak St
5. *Full Name of Mother,* Mrs Rosie Rose
6. *Mother's Maiden Name,* Rosie Hall
7. *Mother's Birthplace,* Culpeper Co Virginia
8. *Full Name of Father,* Randolph King
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Loudon Co Virginia

Name of Medical Attendant, or other person who makes this Return, M A Ledly

Address, 1004 W Lexington St.

Remarks,

8 9 8 U 0 0 0 1 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 17/98
4. Place of Birth, (Street and Number) 508 N. Patterson Park Ave.
5. Full Name of Mother, Elizabeth Gleichman
6. Mother's Maiden Name, " Ott
7. Mother's Birthplace, Balto
8. Full Name of Father, Chris. W. Gleichman
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenholer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

1898 00001333

Wm. J. C. Dulany Co., City Printers and Stationers.

89887

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) -6-

1. Sex, (~~state whether male or~~ female) female
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, 17 of Jan - 1888 - 5 min of 2 P m
4. Place of Birth, (Street and Number) 218 N Durham Street -
5. Full Name of Mother, Isabella Wilson
6. Mother's Maiden Name, — — Maddicks
7. Mother's Birthplace, Somerset Co. Md.
8. Full Name of Father, J. W. Wilson
9. Father's Occupation labor
10. Father's Birthplace, Somerset. Co. Md

Name of Medical Attendant, or other person who makes this Return, Josphine Amoa Cooper

Address, 820 Shuter Street

Remarks, Mother and Daughter Thy both well

Feb 10 1888 Josphine Cooper M.D.

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH.

89358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 Th
1. *Sex, (state whether male or female)* Leon Schwartzman Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7 16 1898
4. *Place of Birth, (Street and Number)* 208 Eden St.
5. *Full Name of Mother,* Chia Tova Schoelet
6. *Mother's Maiden Name,* Russia
7. *Mother's Birthplace,* Bear Berry Schwartzman
8. *Full Name of Father,* Storekeeper
9. *Father's Occupation* Russia
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 42 Aisquith St

Remarks,

18980000135

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

59589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan, 17th 1898
4. Place of Birth, (Street and Number) 826 N Stricker St
5. Full Name of Mother, Clara M Lambden
6. Mother's Maiden Name, Wallader
7. Mother's Birthplace, City
8. Full Name of Father, Thos E Lambden
9. Father's Occupation, City Rail R. Co,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W. K. Warren M.D.

Address, 901 N Stricker St

Remarks, 8 7 8 0 0 0 0 1 3 6

...ner of Health. In case the birth of any child ...ber of midwifery, or should no other person be in... shall occur without the attendance of a physician or practitioner of ... attendance upon the child, immediately thereafter it shall become ... manner and within the ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons shall fail to comply with the provisions of this section, he or they so offending shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and ... are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 99390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 Jan.
4. Place of Birth, (Street and Number) 119. W Hamburg. st.
5. Full Name of Mother, Milda Eggers.
6. Mother's Maiden Name, Milda Gotta.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Gustaf Eggers.
9. Father's Occupation Labor.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Wm Zantze

Address, 711 Carr Street

Remarks,

8980000137

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 18-98

4. Place of Birth, (Street and Number) 123 Watson

5. Full Name of Mother, Lena Quittner

6. Mother's Maiden Name, Lena Kressler

7. Mother's Birthplace, Hungary Austria

8. Full Name of Father, Bernard Quittner

9. Father's Occupation Tailor

10. Father's Birthplace, Hungary, Austria

Name of Medical Attendant, or other person who makes this Return, M Savage, Asst.

Address, R. Exeter St.

Remarks, First name of this child is Carl. The first and proper spelling of father's name Quittner. Baptized by Rabbi Jacob Kaplan

Wm. J. C. Dulany Co., City Printers and Stationers.

89392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Male

1. *Sex*, (*state whether male or female*) Col.

2. *Race or Color*, (*if not of the white race*) Jan 8 '98

3. *Date of Birth*, Md. Bond Hosp

4. *Place of Birth*, (*Street and Number*) Susan Morris

5. *Full Name of Mother*, "

6. *Mother's Maiden Name*, "

7. *Mother's Birthplace*, Va

8. *Full Name of Father*, Alex Booth.

9. *Father's Occupation* Lab.

10. *Father's Birthplace*, Md

Name of Medical Attendant, or other person who makes this Return, M. D. Field

Address, Md. Bond Hosp

Remarks,

8 9 8 0 0 0 0 1 3 9

Attendance upon the birth is required by the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. Any person who shall neglect to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, in the manner and within the time prescribed by the rules and regulations of the Board

RETURN OF A BIRTH.

89398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Third

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, January 18, 1898
4. *Place of Birth*, (*Street and Number*) 56 Brick Hill, Mount Lemon
5. *Full Name of Mother*, Annie Kinsey Hannon
6. *Mother's Maiden Name*, Annie E. Kenedy
7. *Mother's Birthplace*, Trenton N. J.
8. *Full Name of Father*, Harry L. Hannon
9. *Father's Occupation* Watchman
10. *Father's Birthplace*, East Virginia

Name of Medical Attendant, or other person who makes this return, C. F. Shelley M.D.

Address, 1426 Eutaw Place

Remarks,

18980000140

shall occur without the attendance of a physician or midwife, it shall become the duty of the parent above required, and in the manner and within the period above required, and attendance upon the mother, immediately after the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. *Sex*, (*state whether male or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, January 16 98
4. *Place of Birth*, (*Street and Number*) 528 Kirby Lane
5. *Full Name of Mother*, Ann Thomas
6. *Mother's Maiden Name*, Cryor
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, George Thomas
9. *Father's Occupation*, Labourer
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, J B Joyce M.D.

Address, 2520 W. Baltimore St.

Remarks,

1898 0000141

shall occur without the attendance of [illegible] hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, in the manner and with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED GIVEN NAME ADDED 8-13-64

9398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Thomas Frederick 1st.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 18 th. 98.
4. Place of Birth, (Street and Number) 2704 Pennsylvania Ave.
5. Full Name of Mother, Annie M. Kramer
6. Mother's Maiden Name, Annie M. Miller
7. Mother's Birthplace, Baltimore - Md.
8. Full Name of Father, Thomas F. Kramer
9. Father's Occupation Poultry dealer
10. Father's Birthplace, Baltimore - Md

Name of Medical Attendant, or other person who makes this Return, Henry E. Hill, M.D.

Address, 1203 W. Fayette St.

Remarks, 8980000142

Wm. J. C. Dulany Co., City Printers and Stationers.

89896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Queenie Victoria Carvell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 1st 1898

4. Place of Birth, (Street and Number) 1214 W. Lanvale St

5. Full Name of Mother, Martha E. Carvell

6. Mother's Maiden Name, Martha E. Bennett

7. Mother's Birthplace, Maryland

8. Full Name of Father, Albert [illegible] Carvell

9. Father's Occupation Longshoreman

10. Father's Birthplace, E. Virginia

Name of Medical Attendant, or other person who makes this Return,

Address, [illegible]

Remarks,

1898000000143

Wm. J. C. Dulany Co., City Printers and Stationers.

89397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 22 1898

4. *Place of Birth, (Street and Number)* 2021 Monument East

5. *Full Name of Mother,* Sylvia Pulaski

6. *Mother's Maiden Name,* Wasserie

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* George Pulaski

9. *Father's Occupation* Cab Driver

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, 205 N Washington Ave

Remarks,

1898 0 0 0 0 1 4 4

child to report its birth to the Commissioner of Health. ... with the provisions of this section shall be subject to a fine of ... any such person or persons who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for each offence, to be recovered as ... other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

... of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1st of January 1898

4. *Place of Birth, (Street and Number)* 1st St Cornwall ex

5. *Full Name of Mother,* Ethel E Ly

6. *Mother's Maiden Name,* Cormack

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* John T Ly

9. *Father's Occupation* Iron Worker

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. H. de Davenport

Address, 1697 North ave

Remarks, So far all well

8 9 8 U 0 0 0 1 4 5

...the manner and within the period above required, and ... of Health, to the Commissioner of Health, to the ... comply with the provisions of this section shall be sub... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... child to report the birth to the Commissioner of Health, to the ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89849

GIVEN NAME ADDED 12-18-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Charles Wiehelm

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7.
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	18 January 1898
4. Place of Birth, (Street and Number)	1406 Block St
5. Full Name of Mother,	Annie Wiehelm
6. Mother's Maiden Name,	" Wiss
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John L. Wiehelm
9. Father's Occupation	Cabman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Edf. Myers
Address,	1331 Hull St Locust Point
Remarks,	

8980000146

shall occur without the alternative of [illegible] hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter if such person or parents shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89400

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 18 1898
4. Place of Birth, (Street and Number) No 34 Loudon Ave
5. Full Name of Mother, Franziska Fahlem
6. Mother's Maiden Name, Franziska Vogle
7. Mother's Birthplace, Germany
8. Full Name of Father, John Fahlem
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No 512 Frederick Ave

Remarks, 8980000147

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of the birth of each child born within the city limits during the preceding month, whether the birth occurred in a hospital, institution or elsewhere, and if no birth shall occur in any month, or should no other person be in attendance upon the birth, the mother, immediately thereafter, shall report the fact to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the manner and within the period above required, and shall become liable to the penalties of this section unless she shall be subject to the provisions of this section shall hereafter fail to comply with the requirements of this section shall be subject to the penalties of this section unless she shall be subject to the penalties of this section unless she shall be subject to the penalties of this section unless she

RETURN OF A BIRTH.

89401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioners, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and for returns are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 18 1898
4. Place of Birth, (Street and Number)	1026 William St
5. Full Name of Mother,	Millie Strickfus
6. Mother's Maiden Name,	Millie Ravis
7. Mother's Birthplace,	Baltimore City Md.
8. Full Name of Father,	Joseph Thomas Strickfus
9. Father's Occupation	Fish Merchant
10. Father's Birthplace,	Baltimore City Md
Name of Medical Attendant, or other person who makes this Return,	Zick Wiley M.D.
Address,	724 N. Carey St Wiley.
Remarks,	

8 9 8 0 0 0 0 1 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 892102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child 178
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15 January
4. *Place of Birth, (Street and Number)*	2133 Hanover St
5. *Full Name of Mother,*	Mary Kaufman
6. *Mother's Maiden Name,*	Mary Hoy
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Kaufman
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Edgar Brooks
Address,	1515 Eight St
Remarks,	Living Well

1898U0000149

Wm. J. C. Dulany Co., City Printers and Stationers.

89408

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charley H 4 miller
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 18. 1898
4. Place of Birth, (Street and Number) 631 Hoyard Balto
5. Full Name of Mother, Carol Gaither
6. Mother's Maiden Name, Carol Cole
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James E Miller
9. Father's Occupation Lime Kill
10. Father's Birthplace, Baltimore Md
Name of Medical Attendant, or other person who makes this Return, Mrs Anna Johnson
Address, 925 Fleury alley Balto
Remarks,

1898 U 000150

Wm. J. C. Dulany Co., City Printers and Stationers.

89404

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 ST

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 18 /98

4. Place of Birth, (Street and Number) 1823 E. Bond St

5. Full Name of Mother, Josefa Dicks

6. Mother's Maiden Name, Josefa Lewandowska.

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Dicks.

9. Father's Occupation Oyester Shucker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grothmal.

Address, 1710 Alice Anna St

Remarks, This Infant has no fingers to its hands Nor Toes to its feet. The 8 1/2 8 U10 0'/8 Pt 5t, bond.

child to report its birth to the Commissioners of Health, as herein required, within ten days after the same shall occur, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

GIVEN NAME ADDED 9-27-63 89406

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frank Appleton

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 18 1898
4. *Place of Birth, (Street and Number)* 1414 E Lombard St
5. *Full Name of Mother,* Fannie Appelestein
6. *Mother's Maiden Name,* Kramer
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Sam Appelestein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finneberg
25 Lloyd St

Address,

Remarks, Filed JANUARY 1898

1898000152

Wm. J. C. Dulany Co., City Printers and Stationers.

Failure to report the birth to the Registrar of Vital Statistics, Baltimore City, as required by this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White race

3. Date of Birth, 15 January 1898

4. Place of Birth, (Street and Number) No 306 Forest st

5. Full Name of Mother, Margret Langfelder

6. Mother's Maiden Name, Margret Graf

7. Mother's Birthplace, Bayer Germany

8. Full Name of Father, John Langfelder

9. Father's Occupation Hair Factory

10. Father's Birthplace, Bayer Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, 2008 Mc Henry st

Remarks, 8 9 8 0 0 0 0 1 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 18th January 1898
4. *Place of Birth, (Street and Number)* 606 S. Milton St Balto. Md.
5. *Full Name of Mother,* Lena Mohl
6. *Mother's Maiden Name,* Germany
7. *Mother's Birthplace,* August Wannemann
8. *Full Name of Father,* Labor
9. *Father's Occupation*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M Taylor.

Address, 601 S. Patterson Pk Ave.

Remarks,

1 8 9 8 0 0 0 0 1 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 12

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18th of January 98

4. Place of Birth, (Street and Number) 209 Frederick Av.

5. Full Name of Mother, Lotte Jung

6. Mother's Maiden Name, Lotte Gardner

7. Mother's Birthplace, Balto

8. Full Name of Father, William J. Jung

9. Father's Occupation Laber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heuter Midwife

Address, 2116 W. Pratt St

Remarks, 1898U000155

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th of January 98

4. Place of Birth, (Street and Number) 1850 N. Henry St.

5. Full Name of Mother, Mary Jacob

6. Mother's Maiden Name, Mary Loth

7. Mother's Birthplace, Germany

8. Full Name of Father, August Jacob

9. Father's Occupation Tayler

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

1 8 9 8 0 0 0 0 1 5 6

any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be liable to a penalty of not less than five nor more than twenty dollars, to be recovered as other fines and forfeitures are recoverable. Every person required to make a return of birth or death who shall knowingly make a false return shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

... of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	18 January 1898
4. Place of Birth, (Street and Number)	2 10 Castle st
5. Full Name of Mother,	Mary Sues
6. Mother's Maiden Name,	Mary Nemec
7. Mother's Birthplace,	Cumberland
8. Full Name of Father,	Tens Sues
9. Father's Occupation	Bras worker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Luise Liatora
Address,	110 Durham st
Remarks,	

1898000157

Section 1. Be it enacted by the General Assembly of Maryland, That it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st

1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 18
4. *Place of Birth, (Street and Number)*	city
5. *Full Name of Mother,*	Mamie Marrow
6. *Mother's Maiden Name,*	Bates
7. *Mother's Birthplace,*	city
8. *Full Name of Father,*	Chas Marrow
9. *Father's Occupation*	Mechanic
10. *Father's Birthplace,*	city
Name of Medical Attendant, or other person who makes this Return,	A. W. Lyford M.D.
Address,	733 Lan caster st
Remarks,	1898U000158

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 18th Jan

4. Place of Birth, (Street and Number) 825 Willow St

5. Full Name of Mother, Mary Potz

6. Mother's Maiden Name, Mary Lamb

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Robert Potz

9. Father's Occupation Engineer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Brit Nichols

Address, 1417 E. Eager St.

Remarks,

8 9 8 0 0 0 0 1 5 9

child to report its birth to the Co... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89d13

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan. 18 1898

4. Place of Birth, (Street and Number) 518 S Eutaw St

5. Full Name of Mother, Elnora Gant

6. Mother's Maiden Name, Elnora Robinson

7. Mother's Birthplace, Md.

8. Full Name of Father, Wm. Gant

9. Father's Occupation Porter in Store

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett

Address, 619 Campbell St

Remarks,

1 8 9 8 0 0 0 0 1 6 0

To comply with the provisions of this section shall be subject to a fine of not less than ten dollars nor more than fifty dollars for each offence, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

Name: Harold Biedler ~~Caldwell~~ 89414

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 18—1898.
4. Place of Birth, (Street and Number) 8 East Mt Royal Ave
5. Full Name of Mother, Celia Bell Caldwell
6. Mother's Maiden Name, Celia Bell Biedler
7. Mother's Birthplace, Va
8. Full Name of Father, Charles Caldwell
9. Father's Occupation, Lawyer
10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return M. D. C. C.

Address, 1190 W. Saratoga St

Remarks,

8480000161

THE ... PRINTING AND STATIONERY.

RETURN OF A BIRTH.

89215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 18

4. Place of Birth, (Street and Number) Balto 102 Brow St

5. Full Name of Mother, Effie A M Callahan

6. Mother's Maiden Name, Effie A Mistley

7. Mother's Birthplace, Carroll Co Maryland

8. Full Name of Father, James F Callahan

9. Father's Occupation See Driver

10. Father's Birthplace, Balto Co Maryland

Name of Medical Attendant, or other person who makes this return, M & M Bange

Address, 711 Brow St

Remarks,

18980000162

child to report its birth to
any such person or persons
jected to the fine of ten (10) dollars but such fine, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89416

RETURN OF A BIRTH.

894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 18th 1898
4. *Place of Birth, (Street and Number)*	220 S. Chapel st.
5. *Full Name of Mother,*	Lillie E. Michel
6. *Mother's Maiden Name,*	Lillie E. Emrich
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Michel
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	W. H. Johnson M.D.
Address,	1916 East Pratt st.
Remarks,	

1898U000163

...de Office of the Registrar of Vital Statistics, Board of Health, Baltimore City

89417

Dickens Walter Lambert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19th 98.
4. Place of Birth, (Street and Number) 853 N. Lexington St.
5. Full Name of Mother, Emma K. Lambert
6. Mother's Maiden Name, Emma K. Ecker
7. Mother's Birthplace, Ches[illegible] Town, Md.
8. Full Name of Father, [illegible] Lambert
9. Father's Occupation [illegible]
10. Father's Birthplace, Chesterlown Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohler M.D.

Address, 1703 N. Fayette St.

Remarks, GIVEN NAME ADDED. 10/3/55 HJ

Wm. J. C. Dulany Co., City Printers and Stationers

B 9 8 0 0 0 0 1 6 4

RETURN OF A BIRTH. 8918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 White
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19 January
4. *Place of Birth, (Street and Number)*	1806 Boyd St
5. *Full Name of Mother,*	Katie Reif
6. *Mother's Maiden Name,*	Katie Hull
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Reif
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Caring Well

1898 0 0 0 0 1 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

5924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

11

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 January 1898
4. *Place of Birth, (Street and Number)* 1405 Andre st city
5. *Full Name of Mother,* Hannah Anderson
6. *Mother's Maiden Name,* Hannah Hoof
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Albert Anderson
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson st city

Remarks, 1898000166

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male Boy

2. Race or Color, (if not of the white race) W. S. B.

3. Date of Birth, 11 June 1920

4. Place of Birth, (Street and Number) 1711 Richardson St. Lower Pier

5. Full Name of Mother, Mary Manzefskie

6. Mother's Maiden Name, " Stuller

7. Mother's Birthplace, Germany

8. Full Name of Father, Alex Manzefskie

9. Father's Occupation Stevedor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaffer
Mayor O Fordham M.D.

Address,

Remarks, 8 9 8 U 0 0 0 1 6 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 19 1898
4. *Place of Birth, (Street and Number)*	2649 Maryland Ave
5. *Full Name of Mother*	Kate O'Keefe Hanson
6. *Mother's Maiden Name,*	Balt.
7. *Mother's Birthplace,*	Michael O'Keefe
8. *Full Name of Father,*	Milton
9. *Father's Occupation*	Balto Co
10. *Father's Birthplace,*	A M Wilson
Name of Medical Attendant, or other person who makes this Return,	1508 Madison Ave
Address,	
Remarks,	

8980000168

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

S 9222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child.

1. *Sex, (state whether male or female)* Male, Child.
2. *Race or Color, (if not of the white race)* Colored Child.
3. *Date of Birth,* January 17. 1898.
4. *Place of Birth, (Street and Number)* 1107 Harmony Lane.
5. *Full Name of Mother,* ~~Harriet~~ Hattie Matthews. age 24
6. *Mother's Maiden Name,* ~~Hattie~~ Margitter Lebter.
7. *Mother's Birthplace,* Baltimore. Md.
8. *Full Name of Father,* Virgil. Matthews, age 25
9. *Father's Occupation,* Porter man
10. *Father's Birthplace,* Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, Was Came. Rec'd.

Address, 4.12 Parish. al.

Remarks,

1898000169

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Coloud
3. Date of Birth, 19 January
4. Place of Birth, (Street and Number) 433 Mist 1st
5. Full Name of Mother, Annie Maishell
6. Mother's Maiden Name, Robinson
7. Mother's Birthplace, Balto
8. Full Name of Father Thomas Marshell
9. Father's Occupation Labs
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Ellis

Address, 1302 E Lexington

Remarks,

1898 0000170

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

S 9424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 17th 1898
4. *Place of Birth, (Street and Number)* 517 Orchard St.
5. *Full Name of Mother,* Eda A. Whiting.
6. *Mother's Maiden Name,* Eda A. Boyer.
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edward E. Whiting
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park ave.

Remarks,

1898 0000171

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

S 9425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 of January 1899

4. Place of Birth, (Street and Number) 2502 forsters Ave

5. Full Name of Mother, Frieda Gradner.

6. Mother's Maiden Name, = Dittmar

7. Mother's Birthplace, Magdeburg. (Germ.)

8. Full Name of Father, Lotar Gardner

9. Father's Occupation Sailor

10. Father's Birthplace, Westphalen (Germ.)

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss. Bebenken.

Address, 613 s. post St.

Remarks, 1898000172

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Mulatto ✓
3. *Date of Birth,*	19 of January
4. *Place of Birth, (Street and Number)*	1635 Barnes st 1898
5. *Full Name of Mother,*	Annie Bob
6. *Mother's Maiden Name,*	Annie Vojta
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Kaiton Bob
9. *Father's Occupation*	Watchsmit
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	Luise Lratera
Address,	120 Durham st
Remarks,	

18980000173

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4 of January 1898
4. *Place of Birth, (Street and Number)*	1633 Albert str
5. *Full Name of Mother,*	Soufi Pines
6. *Mother's Maiden Name,*	Soufi Miletis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mait Pines
9. *Father's Occupation*	Shoe maker
10. *Father's Birthplace,*	Bohemie
Name of Medical Attendant, or other person who makes this Return,	Luise Svatera
Address,	1010 Durham str
Remarks,	1898U000174

shall occur without the attendance of a physician or midwife, the duty of the parent or parents of such child hereafter it shall become the duty of the parent or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

89428

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, Jan 19. 98

4. Place of Birth, (Street and Number) 2nd East near Mc Gruder

5. Full Name of Mother, Ida Mc Gruder

6. Mother's Maiden Name, "

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, John Dukeni

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Ida Gould

Address, 2nd East near Mc

Remarks, —

1898 U 000175

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalty upon the Physician, Midwife or other person who shall neglect or refuse to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19
4. Place of Birth, (Street and Number) 2810 Fenwick St
5. Full Name of Mother, Lenie Signora Hurst
6. Mother's Maiden Name, Lenie Signora Edwards
7. Mother's Birthplace, Staunton Va
8. Full Name of Father, William Hurst
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Dorsey

Address, 2894 Fenwick St

Remarks,

8980000176

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 99180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

9. *No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)*

1. *Sex, (state whether male ~~or female~~)*

2. *Race or Color, (~~if not of the~~ white race)*

3. *Date of Birth,* Jan 19/98

4. *Place of Birth, (Street and Number)* 1630 N Caroline St.

5. *Full Name of Mother,* Mrs Hilma Hargrave

6. *Mother's Maiden Name,* Karlinson

7. *Mother's Birthplace,* Sweden

8. *Full Name of Father,* George Hargrave

9. *Father's Occupation* Machinist

10. *Father's Birthplace,* England

Name of Medical Attendant or other person who made this Return, A Child MD

Address, 1502 N Bond St.

Remarks,

8980000177

attendance upon the mother, immediately thereafter, a certificate of such birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

894/91

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Ellanora Jenny Noweck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 19th 1891

4. Place of Birth, (Street and Number) Baltimore Md # 1307 Eutaw Place

5. Full Name of Mother, Fenetta (Jones) Noweck

6. Mother's Maiden Name, Matkowske

7. Mother's Birthplace, Germany

8. Full Name of Father, Gottlieb (H. C.) Noweck

9. Father's Occupation Engineer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr Mary Bowers

Address, 1131 Druid Hill Ave Baltimore Md

Remarks, Mother and Child are doing well.

8980000178

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 94132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19 "
4. Place of Birth, (Street and Number) 1372 Ellin
5. Full Name of Mother, Mrs Annie Bell Smith
6. Mother's Maiden Name, " "
7. Mother's Birthplace, West Va
8. Full Name of Father, Chas Smith
9. Father's Occupation (West Va
10. Father's Birthplace, Fireman B&O R.R.

Name of Medical Attendant, or other person who makes this Return, E. B Ullyot

Address, 1172 Carey St

Remarks,

8480000179

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten [illegible] for each offence, to be recovered as other fines and [illegible] are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 17. 2 oc. PM 1898
4. *Place of Birth, (Street and Number)* 109 N Chester St
5. *Full Name of Mother* Amelia May Mangel
6. *Mother's Maiden Name,* A. M. Smith
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry H. Mangel
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return Jesse E Emmitt M.D.

Address, 1707 Baltimore St East

Remarks,

8 9 8 U 0 0 0 1 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Whereas it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 19th '98
4. *Place of Birth, (Street and Number)* Johns Hopkins Hospital
5. *Full Name of Mother,* Pauline Smith
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John G. McCommas
9. *Father's Occupation* Stone cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo W Dobbin

Address, The Johns Hopkins Hospital.

Remarks,

8 9 8 0 0 0 0 1 8 1

Penalties upon the mother, midwife, nurse or other person who shall neglect or refuse to report the birth of a child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 January 1898
4. Place of Birth, (Street and Number) 616 Wolf St
5. Full Name of Mother, Anne Przybylska
6. Mother's Maiden Name, Szymanski
7. Mother's Birthplace, Germany
8. Full Name of Father, Jany Przybylski
9. Father's Occupation Tobacco
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Bogue

Address, 721 S. Ann St

Remarks, Colinsocc

8 9 8 0 0 0 0 1 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Attendance upon the mother, immediately after the birth, is the duty of the father, if living and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 19 '98
4. *Place of Birth, (Street and Number)* 910 N. Caroline St
5. *Full Name of Mother,* Emma Dietrich
6. *Mother's Maiden Name,* Langhorn
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Chas Dietrich
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1205 Madison St

Remarks,

8 9 8 0 0 0 0 1 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Thursday Wednesday Jan 14th 1

4. Place of Birth, (Street and Number) 110 W. Fort Av. Baltimore City

5. Full Name of Mother, Mary E. Landis

6. Mother's Maiden Name, Mary E. O'Day

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John B. Landis

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Phelps

Address, 224 Hollins St

Remarks, 1898000001184

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) Twin #1

1. Sex, (state whether ~~male or~~ female) f

2. Race or Color, (if not of the ~~white~~ race)

3. Date of Birth, January 19 1898

4. Place of Birth, (Street and Number) 524 Vincent Alley

5. Full Name of Mother, Annie Thornton

6. Mother's Maiden Name, same

7. Mother's Birthplace, Balto.

8. Full Name of Father, Wm Bacon

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Dr. E. Otis, Dr. D. 1123 W. Lanvale St

Remarks, Albany hall

18980000185

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 89439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) TWIN #2

1. Sex, (state whether ~~male or~~ female) Clarice Thornton
2. Race or Color, (if not of the ~~white~~ race)
3. Date of Birth, January 22 1898
4. Place of Birth, (Street and Number) 524 Vincent St
5. Full Name of Mother, Cornie Thornton
6. Mother's Maiden Name, Lane
7. Mother's Birthplace, Howard Co Md.
8. Full Name of Father, William Bacon
9. Father's Occupation, Laborer
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return. L. C. Olds Jr. M.D.

Address, 1723 W Lanvale St

Remarks,

8 9 8 0 0 0 0 1 8 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

DUPLICATE
F9439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Florence Thornton
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 27, 1898
4. Place of Birth, (Street and Number) 324 Vincent St
5. Full Name of Mother, Carrie Thornton
6. Mother's Maiden Name, Mc Dowell
7. Mother's Birthplace, Howard Co.
8. Full Name of Father, Wm Bacon
9. Father's Occupation, Laborer
10. Father's Birthplace, Howard Co Md.

Name of Medical Attendant, or other person who makes this Return. E. E. Oldden, M.D.

Address, 1225 N. Howard St

Remarks,

8980000187

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8 92/89
No

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Jan 9th 1898.

4. *Place of Birth, (Street and Number)* 511 W. Cross St.

5. *Full Name of Mother,* Annie Chandler

6. *Mother's Maiden Name,* Annie Smith

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Isaac T Chandler

9. *Father's Occupation* Porter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Otelia Brooks

Address, 1132 Warner St.

Remarks, Done Well.

1898000188

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19th 1898
4. Place of Birth, (Street and Number) E. Fayette St.
5. Full Name of Mother, Mary Cook
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Cook
9. Father's Occupation Barber
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

8980000189

Wm. J. C. Dulany Co., City Printers and Stationers.

8-9-1-42

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Jan. 19 1898

4. *Place of Birth, (Street and Number)* 1944 Binney St.

5. *Full Name of Mother,* Lydia Williams

6. *Mother's Maiden Name,* Lydia Keefer

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Edwin Williams

9. *Father's Occupation* Brick-layer

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Isaac L. Shayne

Address, 824 S. Canton St.

Remarks,

8 9 8 0 0 0 0 1 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-16-56

RETURN OF A BIRTH.

S9418
89443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Barney Friedlander 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 20th 1898
4. Place of Birth, (Street and Number) 1010 Lovi ...
5. Full Name of Mother, Celia Friedlander
6. Mother's Maiden Name, " Silberman
7. Mother's Birthplace, Europe
8. Full Name of Father, Abraham Friedlander
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 1228 E. Eden ...

Remarks,

8980000191

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* Jan 20th/98

4. *Place of Birth, (Street and Number)* 804 Hopkins ave

5. *Full Name of Mother,* Caroline Kimse

6. *Mother's Maiden Name,* Kimse

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George Brown

9. *Father's Occupation* Labor work

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, 1907 E Monument Str.

Remarks, 1898U000192

shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

S9446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2 nd

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, June 20 1900

4. *Place of Birth*, (*Street and Number*) 924 Johnson St.

5. *Full Name of Mother*, Minnie Hodges

6. *Mother's Maiden Name*, Minnie Aitkin

7. *Mother's Birthplace*, York Co. Pa.

8. *Full Name of Father*, George Hodges

9. *Father's Occupation* Laborer

10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Henry B Peregoy

Address, 1225 Bank St. City

Remarks,

8480000193

attendance upon the mother immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-1-59

89246

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Johanna~~ Marguerite Palm

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 20 1898
4. Place of Birth, (Street and Number) 3114 North av Walbrook
5. Full Name of Mother, Carrie Hellin Palm
6. Mother's Maiden Name, Carrie Hellin Schollie
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis Palm
9. Father's Occupation Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Peregoy

Address, 2847 Lanvale st

Remarks,

18980000194

The Mother and Father of every Child born in this City, and the Householder in whose house it is born, and the Physician, Midwife or Nurse present at the birth, are severally required to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the Ordinances of the City, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8/2/17

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 20"
4. Place of Birth, (Street and Number) 1832 Linden Ave
5. Full Name of Mother, Caroline Buckley
6. Mother's Maiden Name, Abrahadus
7. Mother's Birthplace, Port Deposit Md
8. Full Name of Father, Jno Edw. Buckley
9. Father's Occupation Clerk
10. Father's Birthplace, North East Md

Name of Medical Attendant, or other person who makes this Return, John S. Huck

Address, 847 N Lafayette Ave

Remarks, 1898000195

attendance upon the mother, immediately thereafter, it shall be the duty of such attendant to report the birth of such child at the office of the Registrar of Vital Statistics within the period above required, and in the manner and within the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child 1875
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	20 January 1898
4. Place of Birth, (Street and Number)	1406 Carington St
5. Full Name of Mother,	Florence Johnston
6. Mother's Maiden Name,	Florence Hunter
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Winfield Johnston
9. Father's Occupation	Stationary engineer
10. Father's Birthplace,	West Virginia
Name of Medical Attendant, or other person who makes this return,	Mrs Eva Brooks
Address,	1828 Light St
Remarks,	Darg Well

5 4 8 0 0 0 0 1 9 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) ~~2~~

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Jan. 20 - 1895
4. Place of Birth, (Street and Number) 961 Fred. Ave Extn.
5. Full Name of Mother, Emma Gries
6. Mother's Maiden Name, Emma Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ~~Ed~~ Ferdinand Gries
9. Father's Occupation Brewer
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return, Louis St. Kennedy M.D.
12. Address, 917 Fred. Ave. Extn
13. Remarks,

1 8 9 8 U 0 0 0 1 9 7

Child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
overed as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 25 1898
4. *Place of Birth, (Street and Number)*	639 Rutland St.
5. *Full Name of Mother,*	Mary Ann Woodward
6. *Mother's Maiden Name,*	Hess
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	John A. Woodward
9. *Father's Occupation*	Furniture Polisher
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	H. W. Webner M.D.
Address,	723 W Lombard St.
Remarks,	

8 9 8 U 0 0 0 1 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Physician or Midwife in attendance upon any birth is required to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* January 20, 1898

4. *Place of Birth, (Street and Number)* 3007 Fait Ave.

5. *Full Name of Mother,* Margaret Russell

6. *Mother's Maiden Name,* Margaret Peifer

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Patrick Russell

9. *Father's Occupation* foreman

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Lorraine

Address, 227 E. Eastern Ave.

Remarks,

8 9 8 U 0 0 0 1 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

89402

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 20th 1898
4. Place of Birth, (Street and Number)	815 W. Saratoga St.
5. Full Name of Mother,	Wilhelmina C. E. Koch.
6. Mother's Maiden Name,	Wilhelmina C. E. Kahl
7. Mother's Birthplace,	Saxony Germany.
8. Full Name of Father,	Wilhelm Koch
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Würtenberg Germany.
Name of Medical Attendant, or other person who makes this Return.	Edw Plummer M.D.
Address,	1710 W. Franklin St.
Remarks,	

8980000200

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 89453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* January 21 1898
4. *Place of Birth, (Street and Number)* Dorsey Lane
5. *Full Name of Mother,* Sarah H. Powell.
6. *Mother's Maiden Name,* Sarah H Cooper.
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* James Powell
9. *Father's Occupation.* General Laborer
10. *Father's Birthplace,* Howard County

Name of Medical Attendant, or other person who makes this Return, Elizibeth Hicks.

Address, Hoffmans. Lane.

Remarks.

1 8 9 8 0 0 0 0 2 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-6-49

RETURN OF A BIRTH.

89262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hilda Mary Huth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 20th. 1898

4. Place of Birth, (Street and Number) 1859 N. Gay Street

5. Full Name of Mother, Carrie E. Huth

6. Mother's Maiden Name, Scholl

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles J Huth

9. Father's Occupation, Brushes Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 7 Mine Bank Lane

Remarks, none

8980000202

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

94455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 20 1898

4. Place of Birth, (Street and Number) Carroll Ave No. 10

5. Full Name of Mother, Jannie Staples

6. Mother's Maiden Name, Jannie Williams

7. Mother's Birthplace, Balto County

8. Full Name of Father, Robert Staples

9. Father's Occupation General Laborer

10. Father's Birthplace, Scottsville Virginia

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hicks

Address, Carroll Ave

Remarks,

1 8 9 8 U 0 0 0 2 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Become due upon the mother, immediately thereafter. If the child be born and within the period above required, and attendance upon the mother, immediately thereafter. If the child be born and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 99466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 20. 95

4. *Place of Birth, (Street and Number)* 614 Hanover.

5. *Full Name of Mother,* Lillie Davis

6. *Mother's Maiden Name,* Smith

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Geo Davis

9. *Father's Occupation* R.R. Employe

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, J.H. Cole.

Address, 22 S Charles

Remarks,

1 8 9 8 0 0 0 0 2 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

89267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 20. 1898.
4. Place of Birth, (Street and Number)	116 Harrison St
5. Full Name of Mother,	Julia Freedman - Wasserman
6. Mother's Maiden Name,	Russia
7. Mother's Birthplace,	Aban Freedman
8. Full Name of Father,	Strecker
9. Father's Occupation	Russia
9. Father's Birthplace,	Mrs E. Isserman,
Name of Medical Attendant, or other person who makes this Return,	42. Albemarle St
Address,	
Remarks,	1898U000205

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89438

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted]. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 20 1898.
4. *Place of Birth, (Street and Number)*	1233 Big Mc Elderry
5. *Full Name of Mother,*	Annie Robinson
6. *Mother's Maiden Name,*	" Shafralnick
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Jacob Robinson
9. *Father's Occupation*	Tailor
Father's Birthplace,	Austria
Name of Medical Attendant, or other person who makes this Return,	Mrs E. Scherman,
Address,	42 Albemarle St
Remarks,	8980000206

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 8/29/61

RETURN OF A BIRTH. 89469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: REBA HARRIS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 20. 1898
4. Place of Birth, (Street and Number)	249 Exeter St
5. Full Name of Mother,	Tiesy Harris
6. Mother's Maiden Name,	" Craska
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Abraham Harris
9. Father's Occupation	Labor.
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs E Scherman
Address,	42 Aldenards V.
Remarks,	8980000207

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH

89460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 20 48
4. Place of Birth, (Street and Number) 1810 Federal St
5. Full Name of Mother, Mary Elizabeth Gardner
6. Mother's Maiden Name, Mary Elizabeth Bell
7. Mother's Birthplace, England
8. Full Name of Father, Hugh Crawford Gardner
9. Father's Occupation, Janitor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Wm F Smith M.D.

Address, 243 Lamers St

Remarks,

1898000208

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

89461

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 1/21 98
4. *Place of Birth, (Street and Number)* Md Gen Hosp
5. *Full Name of Mother,* Hannie Davis
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Wm Hunter
9. *Father's Occupation* Stone Cutter.
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, M L Field

Address, Md Gen Hosp

Remarks,

18980000209

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 21st 98

4. *Place of Birth, (Street and Number)* John Hopkins Hospital

5. *Full Name of Mother,* Sadie Borrell

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Fletcher Hopkins

9. *Father's Occupation* farmer

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs W Dobbin

Address, The Johns Hopkins Hospital.

Remarks,

1 8 9 8 0 0 0 0 2 1 0

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 21st '98
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Annie Byrne
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland
8. Full Name of Father, David Byrne
9. Father's Occupation Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address, The Johns Hopkins Hospital.

Remarks,

1 8 9 8 0 0 0 0 2 1 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleven
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Jan 21 1895
4. Place of Birth, (Street and Number)	410 mott st
5. Full Name of Mother,	annie Howard
6. Mother's Maiden Name,	Rachel Offer
7. Mother's Birthplace,	anne arundel co md
8. Full Name of Father,	James R Howard
9. Father's Occupation	laborer
10. Father's Birthplace,	anne arundel co. md
Name of Medical Attendant, or other person who makes this Return,	Josiah Wright
Address,	814 Linsor St
Remarks,	over it eye and lip

8980000212

Wm. J. C. Dulany Co., City Printers and Stationers.

...ealth, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, ... any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89-166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 21st 1877.
4. Place of Birth, (Street and Number) 1432 Gough St.,
5. Full Name of Mother, Lena Hurwitz
6. Mother's Maiden Name, " Mullin
7. Mother's Birthplace, Russia.
8. Full Name of Father, Ike Hurwitz,
9. Father's Occupation, Cap maker
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs Y. Feldman

Address, 1613 E. Lombard St.,

Remarks, 8980000213

...the manner and within the period above required, and ...comply with the provisions of this section shall be sub... ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. K. C. BULLARD, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

87466

GIVEN NAME ADDED 6/2/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ETHEL Y TAYLOR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female Male Girl

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, Jan 21st 98

4. Place of Birth, (Street and Number) 1109 Nc Eldery St

5. Full Name of Mother, Ally Naylor

6. Mother's Maiden Name, Ally Ancineets

7. Mother's Birthplace, Miss Prussch Russ

8. Full Name of Father, Morris Taylor

9. Father's Occupation Waiter

10. Father's Birthplace, Prussch Russ

Name of Medical Attendant, or other person who makes this Return, Yelle Klausander

Address, 1022 E. Lombard St

Remarks,

8 9 8 U 0 0 0 2 1 4

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89467

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 21 1898
4. *Place of Birth, (Street and Number)* 1126 Charles St.
5. *Full Name of Mother,* Wilhelmina A Seffler
6. *Mother's Maiden Name,* Wilhelmina A Klug
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George L Seffler
9. *Father's Occupation* Conducto C & P R.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks

Address, 1828 Light St.

Remarks, Doing Well

B 7 8 U 0 0 0 2 1 5

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

59468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

9. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 21st 1898

4. *Place of Birth, (Street and Number)* 1539 Myrtle Av

5. *Full Name of Mother,* Emma Ronna Hobbs

6. *Mother's Maiden Name,* Emma I. Hobbs

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* George F. Hobbs

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. C. K. Jump M.D.

Address, 1202 Argyle Ave

Remarks, 8980000216

...ecome the duty of the person or parents of such ... manner and within the period above required, and ... child to report its birth to the Commissioner of Health in the manner ... any such person or persons who shall hereafter fail to comply with ... subject to the fine of ten dollars for each offense, to be recovered as ...

...ntendance upon the mother, immediately thereafter it shall ...

...ORE A. D. SULLANE & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED Walter

89469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: THEODORE MILLER

6. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10 th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 21 Jan 1899

4. *Place of Birth, (Street and Number)* 418 Fort ave

5. *Full Name of Mother,* Elizabeth Muller

6. *Mother's Maiden Name,* Elizabeth Schwark

7. *Mother's Birthplace,* Saxonia

8. *Full Name of Father,* Andrew Muller

9. *Father's Occupation* Labor

10. *Father's Birthplace,* Saxonia

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 Fort ave

Remarks, 8 9 8 U 0 0 0 2 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 21st 1898

4. Place of Birth, (Street and Number) 525 Fall Rd Woodberry Balto City

5. Full Name of Mother, Lucy Adelade Snowden Smith

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Woodberry Balto City

8. Full Name of Father, Frederick Baker Snowden

9. Father's Occupation Car Inspector B&O R.R.Co

10. Father's Birthplace, Belair. Harford Co. Md

Name of Medical Attendant, or other person who makes this Return, Wm Martin O'Leary

Address, 575 Victory Court

Remarks, Health Department Balto Md

8 9 8 0 0 0 0 2 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...after it shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89471

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Third

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* January 24 1898.

4. *Place of Birth,* (*Street and Number*) No. 1212 Harford ave

5. *Full Name of Mother,* Barbara E. Bryan

6. *Mother's Maiden Name,* Barbara E. Eberman

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* William H. Bryan

9. *Father's Occupation* Farmer

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Jas. E. Clemell M.D.

Address, 1741 Harford ave

Remarks,

8 Y 8 U 0 0 0 0 2 1 9

child to report the birth to the Commissioner of Health hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 21 st 1898
4. Place of Birth, (Street and Number) No. 34 Marriott St
5. Full Name of Mother, Elizabeth Kleinhenn
6. Mother's Maiden Name, Elizabeth Naumann
7. Mother's Birthplace, Germany
8. Full Name of Father, George Kleinhenn
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Helena Thomas

Address, No: 512 Frederick Ave

Remarks,

8 9 8 0 0 0 0 2 2 0

Attendance upon the Mother, Infant or Stillborn Child, in the manner and within the period above required, and to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 January
4. Place of Birth, (Street and Number) 361 W. Preston St.
5. Full Name of Mother, Emilie Finster
6. Mother's Maiden Name, " Bugge
7. Mother's Birthplace, Germany
8. Full Name of Father, Robert Finster
9. Father's Occupation Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Rolf Mejan

Address, 1321 South St. Locust Point.

Remarks,

8 7 8 0 0 0 0 2 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 21 St.
4. *Place of Birth, (Street and Number)*	1304 Homewood Ave.
5. *Full Name of Mother,*	Florence Cassidy
6. *Mother's Maiden Name,*	Florence Carlin
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	James P. Cassidy
9. *Father's Occupation*	Grocer.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Sarah Wooden
Address.	1304 Homewood Ave
Remarks.	

18980000222

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-19-59

CERTIFICATE CORRECTED 2-4-59

89476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles ~~Frederick~~ Sahlander

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 6 1898
4. Place of Birth, (Street and Number) 15-12 Gay st
5. Full Name of Mother, Annie Sahlander
6. Mother's Maiden Name, Annie Schmidt
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Sahlander
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Brunz

Address, 610 Wolfe st

Remarks, B 9 8 0 0 0 0 2 2 3

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8947C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 21 st day of January
4. *Place of Birth, (Street and Number)* Balt. St. bet Eutaw & Stangate
5. *Full Name of Mother,* Sarah Mary Edwards
6. *Mother's Maiden Name,* Sarah Mary Edwards
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Thos and Susan Carter
9. *Father's Occupation* Coal Packer
10. *Father's Birthplace,* Baltimore City.
11. *Name of Medical Attendant,* or other person who makes this Return. Mrs Hunter
12. *Address,* 23 Dr Dispensary
13. *Remarks,*

B 4 8 U 0 0 0 2 2 4

Compelling the registration of births and deaths. Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the parent, guardian, or other person having charge of any child born in this State, to report the birth of such child to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after such birth, and it shall be the duty of the physician, midwife, or other person who shall have attended upon the mother at the birth of such child, to report the birth of such child to the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after such birth; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. *Sex, (state whether male or female)* Mathon Jenkins

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* January 21 1898

4. *Place of Birth, (Street and Number)* 929 Elm Place

5. *Full Name of Mother,* Maria Jenkins

6. *Mother's Maiden Name,* Maria Watson

7. *Mother's Birthplace,* Washington D.C.

8. *Full Name of Father,* William Henry Jenkins

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Talbot County Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Fannie Myers

Address, 722 Bradley st

Remarks,

8980000225

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 21st 1895.

4. Place of Birth, (Street and Number) 1432 Fremont Ave

5. Full Name of Mother, Mary Kate Littleton

6. Mother's Maiden Name, " " Hockett.

7. Mother's Birthplace, Md.

8. Full Name of Father, Wm F. Littleton

9. Father's Occupation R.R. Conductor

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. H. Cole. Md.

Address, 1432 Fremont Ave

Remarks,

8 9 8 U 0 0 0 2 2 6

...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

8921/78

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Jan 21st 1898
4. Place of Birth, (Street and Number)	#413 N. Biddle Street
5. Full Name of Mother,	Alice Augusta Edwards
6. Mother's Maiden Name,	Alice Augusta Edwards
7. Mother's Birthplace,	Richlstown Md.
8. Full Name of Father,	James Edwards
9. Father's Occupation	Laborer
10. Father's Birthplace,	Richlstown Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Forster
Address,	Provident Hospital 413 N. Biddle St
Remarks,	

8 Y 8 U 0 0 0 2 2 7

Every person required by law to report the birth of a child to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as any such person or persons who shall hereafter fail to comply with the other fines and forfeitures are recoverable

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 2/98

4. Place of Birth, (Street and Number) #2516 Hudson St

5. Full Name of Mother, Hendryka Jasenska

6. Mother's Maiden Name, Hendryka Gricte

7. Mother's Birthplace, Ostria

8. Full Name of Father, John Jasenski

9. Father's Occupation Shoe Maker

Father's Birthplace, Ostria

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal

Address, #1710 Alice Anna St

Remarks, Jane

1898U000228

child to report its birth to the Commissioner of Health, in the manner directed by this section shall be guilty of a misdemeanor, and on conviction thereof shall be fined not less than five (5) dollars nor more than fifty (50) dollars; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 21 January 1898

4. *Place of Birth, (Street and Number)* 511 Linn St

5. *Full Name of Mother,* Mary Sandowski

6. *Mother's Maiden Name,* Mc Sapolowicz

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John Sandowski

9. *Father's Occupation* Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Rogers

Address, 921 S Linn St

Remarks, Baltimore

8 9 8 0 0 0 0 2 2 9

with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 22 January 1898

4. *Place of Birth, (Street and Number)* 612 Thames

5. *Full Name of Mother,* Mary Bauer

6. *Mother's Maiden Name,* M. Kaminorak

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Frank Bauer

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begger

Address, 721 S Ann St

Remarks, Baltimore

1 8 9 8 0 0 0 0 0 2 3 0

Child to report to Registrar of Vital Statistics, Board of Health, Baltimore City, for registration, within ten days after birth. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89458

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether ~~male~~ or female) Female

2. Race or ~~Color~~, (if not of the white race) White

3. Date of Birth, January 22/98

4. Place of Birth, (Street and Number) # 831 S. Dallas St

5. Full Name of Mother, Annie Lalewska.

6. Mother's Maiden Name, Annie Piskor

7. Mother's Birthplace, Ostria

8. Full Name of Father, John Lalewski.

9. Father's Occupation Farmer.

Father's Birthplace, Ostria

Name of Medical Attendant, or other person who makes this Return, Annie Grochanska

Address, #1710 Alice Anna St

Remarks, Home

1 8 9 8 0 0 0 0 2 3 1

Comp. J. C. Dulany Co., City Printers and Stationers.

Cannot be kept in the office of the Registrar unless this section shall be substantially complied with. The provisions of this section shall hereafter fall to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or ~~female~~)* Male.
2. *Race or ~~Color~~, (if not of the white race)* White
3. *Date of Birth,* January 22/98
4. *Place of Birth, (Street and Number)* #1807 Lancaster St
5. *Full Name of Mother,* Antonia Jancuska.
6. *Mother's Maiden Name,* Antonia Jurdrak.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Stanislaus Zemenski.
9. *Father's Occupation* Steveder —
10. *Father's Birthplace,* Germany
11. *Name of Medical Attendant, or other person who makes this Return,* Annie Prochnal.
12. *Address,* #1710 Alice Anna St
13. *Remarks,* None.

184800000232

Failure to report this birth as herein required, or to comply with the provisions of this section shall be subject to a penalty of not less than five (5) dollars nor more than twenty (20) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF

To the Office of Registrar of Vital Stat

89485

No. of Child of Mother, (state whether 1st, 2d, 3d

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 22
4. *Place of Birth, (Street and Number)* #
5. *Full Name of Mother,* Lottie
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* John
9. *Father's Occupation* Build
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 320 Falls Ro

Remarks,

8 9 8 0 0 0 0 2 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-20-58

89486

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie ——— Belle Fearson.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 22 1898
4. Place of Birth, (Street and Number) 1716 E Mount St city
5. Full Name of Mother, Sarah A Fearson
6. Mother's Maiden Name, " " Seward
7. Mother's Birthplace, Queen anne co md
8. Full Name of Father, Walter L Fearson
9. Father's Occupation Motorman
10. Father's Birthplace, St Mary's co md

Name of Medical Attendant, or other person who makes this Return, W. L. S Stockman

Address, 781 Cumberland St city

Remarks,

8 7 8 0 0 0 0 2 3 4

With the provisions of this section shall be subject to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Child to report its birth to the Commissioners, and it shall be the duty of any such person or persons who shall hereafter fail to comply with the

J. C. Delano Co., City Printers and Stationers.

RETURN OF A BIRTH. 89487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 22nd 98

4. Place of Birth, (Street and Number) 1800 Druid Hill ave.

5. Full Name of Mother, Mary Sparlein

6. Mother's Maiden Name, Mary Lohuis

7. Mother's Birthplace, Egg Harbor N. J.

8. Full Name of Father, Martin Sparlein

9. Father's Occupation. Merchant

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Olds Jun
1203 W. Fayette st

Address,

Remarks,

1898000235

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89488

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 22nd 1898
4. Place of Birth, (Street and Number) 605 E. Lexington St.
5. Full Name of Mother, Katie Chanowith
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Chanowith
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 E. Fayette St.

Remarks,

8980000236

The manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner aforesaid, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-10-60

RETURN OF A BIRTH. 89189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Mary Kathryn 2 Sprinkle
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 22. 1895
4. Place of Birth, (Street and Number)	309 Cedar Ave
5. Full Name of Mother,	Mrs. Lucinda S Sprinkle Sykes
6. Mother's Maiden Name,	Carroll Co. Md
7. Mother's Birthplace,	John T Sprinkle
8. Full Name of Father,	Laborer
9. Father's Occupation	Baltimore Co. Md
10. Father's Birthplace,	Elizabeth Gunsmarr
Name of Medical Attendant, or other person who makes this Return,	Hampden
Address,	
Remarks,	

1 8 9 8 U 0 0 0 2 3 7

shall occur without the attendance of a physician or practitioner of [illegible] to other person in charge, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter. It shall become the duty of the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable. any such person or persons who shall hereafter fail to comply with the

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89290

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 22nd. 98

4. Place of Birth, (Street and Number) 123 Harrison St

5. Full Name of Mother, Estlier Frandele

6. Mother's Maiden Name, Esther Frandele

7. Mother's Birthplace, Keif Rus.

8. Full Name of Father, Charles Keif Frandele

9. Father's Occupation Tailor

10. Father's Birthplace, Keif Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address,

Remarks, 1898 0 0 0 0 2 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Fifth

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* Jun 22nd 1898

4. *Place of Birth,* (*Street and Number*) No 37 - W. West St.

5. *Full Name of Mother,* Arabel Gabel

6. *Mother's Maiden Name,* " Prince

7. *Mother's Birthplace,* Balto, Md

8. *Full Name of Father,* John Gabel

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balto, Md

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson

Address, 14 W. Eden St,

Remarks,

8 9 8 0 0 0 0 2 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Jun 22/98
4. *Place of Birth, (Street and Number)* 2403 E Monument St
5. *Full Name of Mother,* Johanna Baumgardner
6. *Mother's Maiden Name,* Köhl
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Baumgardner
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, 1907 E Monument St.

Remarks,

1898U000240

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2nd 1898
4. *Place of Birth, (Street and Number)* 221 Eaton Street
5. *Full Name of Mother,* Mary E Hoffheimer
6. *Mother's Maiden Name,* Mary E Stafford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edgar Hoffheimer
9. *Father's Occupation.* Salesman
10. *Father's Birthplace,* Pittsburg Pa

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1036 Front Street

Remarks,

1898000241

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 89191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male - Robert Jamison Guilliam
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 22nd 1898.
4. Place of Birth, (Street and Number) 9 E. Lexington St.
5. Full Name of Mother, Mary E. Guilliam
6. Mother's Maiden Name, Mary E. Jones
7. Mother's Birthplace, Oregon, Baltimore County
8. Full Name of Father, Edward P. Guilliam
9. Father's Occupation Paperhanger & Painter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return Robt. J. Murray M. D.

Address, 310 N Fremont ave

Remarks,

1 8 9 8 U 0 0 0 2 4 2

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 22 1898
4. *Place of Birth, (Street and Number)*	2241 Musa St
5. *Full Name of Mother,*	Anastatia Noon
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	Thomas Noon
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	E. K. Ballard M.D.
Address,	
Remarks,	

8 9 8 0 0 0 0 2 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Jan. 22, 1898
4. Place of Birth, (Street and Number)	1906 Thurston St.
5. Full Name of Mother,	Lavinia E. Berle
6. Mother's Maiden Name,	Lavina Hartlove
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	John E. Berle
9. Father's Occupation	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary L. Drayne
Address,	824 Canton Ave.
Remarks,	

8 Y 8 U 0 0 0 0 2 4 4

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

89497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	January 22 - 19
4. Place of Birth, (Street and Number)	303 N. Caroline st
5. Full Name of Mother,	Ida Foard.
6. Mother's Maiden Name,	Ida Smith
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	John Foard.
9. Father's Occupation,	Police Officer
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Agnes Eble
Address,	833 N. Caroline St
Remarks,	

18980000245

Physician or other person required hereafter shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. E. SALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

89198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 22 - 1898
4. *Place of Birth, (Street and Number)*	935 Patapsco st
5. *Full Name of Mother,*	Elizabeth Beaton Leigh
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Aymus a Beaton
8. *Full Name of Father,*	Carpenter
9. *Father's Occupation.*	Baltimore
10. *Father's Birthplace,*	Sarat P Harrington
Name of Medical Attendant, or other person who makes this Return,	924 Binney st
Address,	
Remarks,	8 9 8 0 0 0 0 2 4 6

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89499 (no)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child Hazel C. Fohs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, ~~4 Oct~~ 22d June 99

4. Place of Birth, (Street and Number) Baltimore 703 S. Green

5. Full Name of Mother, Mary E. ~~Elsie~~ Fohs

6. Mother's Maiden Name, Mary E Elsie Mc

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Edmund F. Fohs

9. Father's Occupation Painting & Saddler

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Miss Bange

Address, 711 Cross Street

Remarks,

B 9 8 0 0 0 0 0 2 4 7

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

$9800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 the Jan. 1898

4. Place of Birth, (Street and Number) Baltimore 1017 Eidgley Ste.

5. Full Name of Mother, Annie Katherine March.

6. Mother's Maiden Name, Annie Katherine Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Henry March

9. Father's Occupation Dyer

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Miss Sarge

Address, 711 Cross Street

Remarks,

1 8 9 8 0 0 0 0 2 4 8

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Que

89624

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Name of child: George Herman Bisco 7th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 22 nd. 1898

4. Place of Birth, (Street and Number) 347 Belair Road

5. Full Name of Mother, Julia Bisco

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Bisco

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 7 Mine Back Lane

Remarks, none

1898U000249

any such person or persons who shall hereafter fail to comply with the provisions of ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

pt | C. Dalsky Co., City Printers and Stationers.

RETURN OF A BIRTH. 996-02

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	Jany. 22/98
4. *Place of Birth, (Street and Number)*	2510 Mary st.
5. *Full Name of Mother,*	Mrs Ada Dnauffer
6. *Mother's Maiden Name,*	Ada Clark
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	— Dnauffer
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M D
Address,	2534 Penna. Ave.
Remarks,	

8 9 8 0 0 0 0 2 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 99503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 22 1898
4. *Place of Birth, (Street and Number)* 1624 Wolfe st
5. *Full Name of Mother,* Lizzie Schaar Shearer
6. *Mother's Maiden Name,* Lizzie Holtzsuer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gottlieb Shearer
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1610 Wolfe st

Remarks,

1898000251

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* 11 22 98

4. *Place of Birth, (Street and Number)* Jud Bal Hosp

5. *Full Name of Mother,* Lena Peterson

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Peter Christos.

Father's Occupation Contractor.

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Dr R Todd

Address, Jud Bal Hosp

Remarks,

1 8 9 8 0 0 0 0 2 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Child to report to the Registrar of the City within ten days after birth. Any person who shall hereafter fail to comply with the provisions of this Section, or any person or persons who shall hereafter fail to comply with the provisions of this Section, or any person who shall hereafter fail to comply with the provisions of this Section, or any person who shall hereafter fail to comply with the provisions of this Section, or any person

89625

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 1 22 95
4. *Place of Birth, (Street and Number)* Mrs Gut Hosp
5. *Full Name of Mother,* Carrie Hopkins
6. *Mother's Maiden Name,* Unk.
7. *Mother's Birthplace,* Miss Ellis.
8. *Full Name of Father,* Unk.
9. *Father's Occupation* Jud.
10. *Father's Birthplace,* Va & Todd

Name of Medical Attendant, or other person who makes this Return, Mrs Gut Hosp

Address,

Remarks,

8 4 8 0 0 0 0 2 5 3

Chief to report to him every case of birth which may occur within the precincts under his charge, and every person or persons who shall hereafter fail to comply with the provisions of this section shall, for every such offence, be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether male ~~or female~~)
2. Race or Color, ~~(if not~~ of the white race)
3. Date of Birth, Jan 22d. 1898
4. Place of Birth, (Street and Number) 116 N Mount St
5. Full Name of Mother, Grace Gertrude Redding Ziegler
6. Mother's Maiden Name, Prince Georges Co Md
7. Mother's Birthplace, W. J. Redding
8. Full Name of Father, Carpenter
9. Father's Occupation Manchester Md
10. Father's Birthplace, Elias La Poice M D.

Name of Medical Attendant, or other person who makes this Return, 1012 Madison Ave

Address,

Remarks,

1898 0000254

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 22nd 1898
4. Place of Birth, (Street and Number)	Baltimore # 882 Lemmon St
5. Full Name of Mother,	Rosa Potocka
6. Mother's Maiden Name,	Dekeka
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Stanislaus Potocka
9. Father's Occupation	Black smith
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr. Mary Romine
Address,	# 417 S. Stricker Baltimore Md
Remarks,	Mother and Child are doing well

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

1898 0000255

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 22th 1898

4. *Place of Birth, (Street and Number)* Baltimore Ind. 1126 Fawn Street,

5. *Full Name of Mother,* Jennie Estelle Taylor.

6. *Mother's Maiden Name,* Haywood.

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Martin Luther Taylor

9. *Father's Occupation* Shipping Clerk.

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mattie Fleming

Address, # 414 Stricker St Baltimore Md.

Remarks, Mother and Child are doing well.

1898 0 0 0 0 2 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. 89609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

89509

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 22, 1898
4. Place of Birth, (Street and Number) 1125 E. Balto. st.
5. Full Name of Mother, Sarah Crispin
6. Mother's Maiden Name, " McGonigle
7. Mother's Birthplace, City
8. Full Name of Father, Geo. T. Crispin
9. Father's Occupation Agriculturist
10. Father's Birthplace, Middlesex Co. Va.

Name of Medical Attendant, or other person who makes this Return, P. G. Dauschaud

Address, 1731 E. Baltimore st.

Remarks,

1898 0 0 0 0 2 5 7

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. $9640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 22. Jan. 1898

4. Place of Birth, (Street and Number) 1126 E. Front St

5. Full Name of Mother, Lizzie Madden

6. Mother's Maiden Name, Lizzie Kennedy

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Madden

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Frank Medwedeff

Address, 1417 E. Eager St.

Remarks,

1898U000258

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 Jan
4. Place of Birth, (Street and Number) 1024 N. Fulton Ave.
5. Full Name of Mother, Annie Sullivan
6. Mother's Maiden Name, Annie Dougherty.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William H. [redacted]
9. Father's Occupation Teamster
10. Father's Birthplace, Calvert Co. md.

Name of Medical Attendant, or other person who makes this Return Mrs. J Grist Hedwig

Address, 1417 E. Eager St.

Remarks,

+ 8 9 8 0 0 0 0 2 5 9

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten [illegible] dollars for each offence, to be recovered as other fines and [illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

89612

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Jany 22 1898
4. *Place of Birth, (Street and Number)*	1313 N. Wordyear St
5. *Full Name of Mother*	Ella Rockmill
6. *Mother's Maiden Name*	Roberts
7. *Mother's Birthplace*	Iowa
8. *Full Name of Father*	Edward Rockmill
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	W. Virginia
Name of Medical Attendant or other Person who makes this Return.	Wm. Davis MD
Address	1220 Lindsay ave
Remarks	

8980000260

RETURN OF A BIRTH. 89618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23 Jan 1898
4. *Place of Birth, (Street and Number)* 1208 Holbrook st
5. *Full Name of Mother,* Ellen Mc Dannell
6. *Mother's Maiden Name,* Ellen Mc Intyre.
7. *Mother's Birthplace,* Baltimore md.
8. *Full Name of Father,* Edward Mc Dannell
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Baltimore md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Gint. Nitroffe

Address, 1417 E Fayette st

Remarks,

8 7 8 U 0 0 0 2 6 1

Whosoever without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8954

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 11-9-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Emma ~~Meyer~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 23/98

4. Place of Birth, (Street and Number) 1817 N. Bonds St.

5. Full Name of Mother, Emma (Meyers) Meyer

6. Mother's Maiden Name, " Schutte

7. Mother's Birthplace, Balto.

8. Full Name of Father, ~~Chas. Meyer~~ Henry C. Meyer

9. Father's Occupation Clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bibenholz

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

+ 8 9 8 U 0 0 0 2 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Brown Skin

3. Date of Birth, Jan 23 1898

4. Place of Birth, (Street and Number) 534 Preston St

5. Full Name of Mother, Sarah Bivens

6. Mother's Maiden Name, Parker

7. Mother's Birthplace, A. A. County

8. Full Name of Father, Jacob Bivens

9. Father's Occupation Laborer

10. Father's Birthplace, St Mary's Co

Name of Medical Attendant, or other person who makes this Return, Samuel Lowe

Address, 622 Eagle Ave

Remarks,

8980000263

Wm. J. C. Dulany Co., City Printers and Stationers.

89516

89576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 26 rd. 1898

4. Place of Birth, (Street and Number) No 25 E Hamburg

5. Full Name of Mother, Harriette E Barnes

6. Mother's Maiden Name, " " Granger

7. Mother's Birthplace, Balto, Md

8. Full Name of Father, John A. Barnes

9. Father's Occupation Caulker

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson

Address, No 4 W. Ceros St,

Remarks,

8980000264

shall occur without the attendance of a physician or practitioner of [illegible] it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 89047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 23rd 1898.
4. *Place of Birth, (Street and Number)*	27 Albemarle St,
5. *Full Name of Mother,*	Hannah Pochet.
6. *Mother's Maiden Name,*	Lifa.
7. *Mother's Birthplace,*	Russia.
8. *Full Name of Father,*	Lipfy Pochet
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Mrs. Y. Feldman.
Address.	613 E. Lombard St.
Remarks.	8980000265

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 89678

GIVEN NAME ADDED April 5, 1966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME: HOWARD CLINTON DURHAM

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 23 1898
4. Place of Birth, (Street and Number) No: 137 Millington Ave
5. Full Name of Mother, Susan Durham
6. Mother's Maiden Name, Susan Martin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Durham
9. Father's Occupation Driver of No: 1 Hook & Ladder Co.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave

Remarks,

8980000266

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 of January
4. Place of Birth, (Street and Number) 605 Cannon St.
5. Full Name of Mother, Anna Kling
6. Mother's Maiden Name, = Schwarz.
7. Mother's Birthplace, Bavaria.
8. Full Name of Father, Peter Kling.
9. Father's Occupation Backer
10. Father's Birthplace, Hessen

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss. Behalten

Address, 618 S. port St.

Remarks,

8980000267

shall occur without the attendance of a physician or practitioner of midwifery, or shall be other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of January
4. *Place of Birth, (Street and Number)* 719 s. port St.
5. *Full Name of Mother,* Mary Cress
6. *Mother's Maiden Name,* Zagkota
7. *Mother's Birthplace,* Austrian
8. *Full Name of Father,* James Cress.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Austrian

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss Behnken.

Address, 613 s. port St

Remarks,

8980000268

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 t

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23. of Januar 1898.
4. Place of Birth, (Street and Number) 2019 Fairmont-Ave
5. Full Name of Mother, Bertha Mister
6. Mother's Maiden Name, Bertha Webster
7. Mother's Birthplace, Deals Island
8. Full Name of Father, Edgar Mister
9. Father's Occupation Mariner
10. Father's Birthplace, Deals Island

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 207 N. Castle St.

Remarks, (illegible)

8980000269

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan. 23/98.

4. Place of Birth, (Street and Number) 8.5-K. North Ave.

5. Full Name of Mother, Lilly May Van Dawaker

6. Mother's Maiden Name, Williams

7. Mother's Birthplace, Balto.

8. Full Name of Father, C. W. Van Dawaker

9. Father's Occupation, Painter.

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. N. Merriam M.D.

Address,

Remarks,

1898000270

Any such person who shall neglect fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

John J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 23rd 1898
4. *Place of Birth, (Street and Number)* 715 Franklin St
5. *Full Name of Mother,* Mrs Gertrude Worley Stalkfer
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Frank H Worley
9. *Father's Occupation,* House Painter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, W. K. Warner M.D.

Address, 911 N Strieker St

Remarks, 1898000271

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. E. BULANY CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 89624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 23th January 1898.

4. *Place of Birth, (Street and Number)* 846 Woodward st.

5. *Full Name of Mother,* Margret E Stierhoff

6. *Mother's Maiden Name,* Margret E Emmerick

7. *Mother's Birthplace,* Pennsylvania.

8. *Full Name of Father,* J Fred Stierhoff

9. *Father's Occupation* Wheel-wright.

Father's Birthplace, Pikesville Baltimore County.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Carr Street

Remarks,

8 9 8 0 0 0 0 2 7 2

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* 1 23 95
4. *Place of Birth, (Street and Number)* Md Gen Hosp
5. *Full Name of Mother,* Louise Briscoe
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Chas Atkeson
9. *Father's Occupation* Clergyman
10. *Father's Birthplace,* Md
11. *Name of Medical Attendant,* or other person who makes this Return, M L Todd
12. *Address,* Md Gen Hosp
13. *Remarks,*

8 9 8 0 0 0 0 2 7 3

Child to report his address to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of any child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89626

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W
3. Date of Birth, 1-23-1898
4. Place of Birth, (Street and Number) 241 Gorsuch St
5. Full Name of Mother, Sadie Poteman
6. Mother's Maiden Name, " Patten
7. Mother's Birthplace, Maryland
8. Full Name of Father, Saml Poteman
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, D. P. Long

Address, 1110 W Fayette

Remarks,

8980000274

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	Jan 23-1898
4. Place of Birth, (Street and Number)	311 Dyson St.
5. Full Name of Mother,	Mary Dyson
6. Mother's Maiden Name,	Mary Dyson
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	George Truman
9. Father's Occupation	Laborer
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return,	D Jefsong
Address,	1115 N Gombard
Remarks,	

8980000275

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10"

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1-23-98
4. *Place of Birth, (Street and Number)* 231 S. Spring St.
5. *Full Name of Mother,* Ethel Shaker (Lett)
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Benj. Lapka
9. *Father's Occupation* Doctor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Long

Address, 1115 W. Lombard St

Remarks,

B 7 8 U 0 0 0 2 7 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 23rd 1898
4. *Place of Birth, (Street and Number)*	425 N. Lombard St.
5. *Full Name of Mother,*	Esther Kramer
6. *Mother's Maiden Name,*	Esther Reinetter
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Kramer
9. *Father's Occupation*	Stonecutter
10. *Father's Birthplace,*	Delaware
Name of Medical Attendant, or other person who makes this Return,	E. Gaylon M.D.
Address,	425 N. Lombard St.
Remarks,	

8980000277

Wm. J. C. Dulany Co., City Printers and Stationers.

In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Child to report its birth to the Commissioner of Health, in the

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 27 / 98

4. Place of Birth, (Street and Number) 2403 E. Monument St.

5. Full Name of Mother, Lucy Schwiegert

6. Mother's Maiden Name, Tiemann

7. Mother's Birthplace, Germany

8. Full Name of Father, J. M. Schwiegert

9. Father's Occupation Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, 1907 E Monument St

Remarks,

8980000278

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child 1845
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 24
4. Place of Birth, (Street and Number)	1946 E Charles St
5. Full Name of Mother,	Jennie Walsh
6. Mother's Maiden Name,	Jennie Judle
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Walsh
9. Father's Occupation.	City Fireman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Olga Brooks
Address,	1828 Light St
Remarks,	Daing well

1 8 9 8 0 0 0 0 2 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 th Jan 1898
4. *Place of Birth, (Street and Number)* 647 Clement st
5. *Full Name of Mother,* Carrie Thomas
6. *Mother's Maiden Name,* Rebstock
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* George Thomas
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agerwell

Address, 624 E Dart ave

Remarks,

1898000002800

Every person required by the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* Jan 24 11
4. *Place of Birth, (Street and Number)* 1211 Argyle St.
5. *Full Name of Mother,* Lottie A McClure
6. *Mother's Maiden Name,* Joseph
7. *Mother's Birthplace,* Frederick Md
8. *Full Name of Father,* Jno T McClure Jr
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, A Smith MD

Address, 502 N Gilford St

Remarks, ...

8 9 8 0 0 0 0 2 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 24 '98
4. *Place of Birth, (Street and Number)* 613 McElderry St
5. *Full Name of Mother,* Mary Rebecca
6. *Mother's Maiden Name,* Clayton
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* George Stephenson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 608 N Patterson Pk

Remarks,

8 9 8 0 0 0 0 2 8 2

m. J. C. Delany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan. 24th - 1898
4. *Place of Birth, (Street and Number)* 1122 N. Mount St.
5. *Full Name of Mother,* Mary Banks
6. *Mother's Maiden Name,* Mary Banks
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Moses Franklin
9. *Father's Occupation.* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. J. D. Hendrix, M.D.

Address, 1122 N. Mount St.

Remarks, Md. Gen. Hospital

1898 00000283

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 24

4. Place of Birth, (Street and Number) Preston Cumberland

5. Full Name of Mother, Mrs Theresa Heidenman

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Md

8. Full Name of Father, Nelson Heidenman

9. Father's Occupation. Keeper Cumberland

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, E. E. Cullingh

Address, 11 N Eutaw St.

Remarks,

84800000284

Become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
vered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be reco

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 24 98
4. *Place of Birth, (Street and Number)* 808 Plum alley
5. *Full Name of Mother,* Rosa L. Watkins
6. *Mother's Maiden Name,* Rose Tree Hern
7. *Mother's Birthplace,* Northumberland Virginia
8. *Full Name of Father,* Samuel H. Tilmon
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, C. Williams

Address, 910 Leaden Street

Remarks.

1 8 9 8 U 0 0 0 2 8 5

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 89639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 January 1895
4. Place of Birth, (Street and Number) 616 Washington St
5. Full Name of Mother, Joanna Kostostka
6. Mother's Maiden Name, J. Jerzen
7. Mother's Birthplace, Austrylie
8. Full Name of Father, John Rutowski
9. Father's Occupation Tobacco
10. Father's Birthplace, Austrylie

Name of Medical Attendant, or other person who makes this Return, Mary Begues

Address, 721 S Ann St

Remarks, Baltimore

8 7 8 0 0 0 0 2 8 6

Any physician or midwife in attendance at birth, or the father and mother of the child above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery; or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24 January
4. *Place of Birth, (Street and Number)* 1165 Andre st.
5. *Full Name of Mother,* Emilie Theis
6. *Mother's Maiden Name,* Christoff.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Theis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Adolf Wyman.

Address, 1351 Hull & Locust Point

Remarks,

8 9 8 0 0 0 0 2 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 24. 1898
4. Place of Birth, (Street and Number) 170 Patapsco
5. Full Name of Mother, Mrs Elizabeth Beloff
   or Weaver
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Balzer Beloff
9. Father's Occupation Teamster
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, John H. Groshans, M.D.

Address, 1303 Light St.

Remarks,

1 8 9 8 U 0 0 0 0 2 8 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

89842

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24th of January 1898

4. Place of Birth, (Street and Number) 423 N. Henrietta St

5. Full Name of Mother, Catharina Blum

6. Mother's Maiden Name, Catharina Feldman

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Blum

9. Father's Occupation Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Miss Burge

Address, 711 Cross Street

Remarks,

1898 00002289

Failure to report as above required, and in the manner and within the period above stated, to the Commissioner of Vital Statistics, to the Registrar of Vital Statistics, to the Board of Health, to comply with the provisions of this section shall be suffered by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 898-13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	January 24, 1898
4. *Place of Birth, (Street and Number)*	27 Wilkyn st
5. *Full Name of Mother,*	Gustie Preis
6. *Mother's Maiden Name,*	Gustie Averlowski
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Rudolf Preis
9. *Father's Occupation*	Saloon Keper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Ann Taylor
Address,	41 Guilford Ave
Remarks,	full time Did not Cut to Live one hour

1 8 9 8 0 0 0 0 2 9 0

...ner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and ... are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 24th 1898
4. Place of Birth, (Street and Number) No. 44 Marriott
5. Full Name of Mother, Louisa Bruns
6. Mother's Maiden Name, Louisa Wagner
7. Mother's Birthplace, Germany
8. Full Name of Father, C. August Bruns
9. Father's Occupation, Harness-maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Helena Thomas

Address, No. 512 Frederick Ave

Remarks,

8980000291

...ter it shall become the duty of the person or parents of such ... Health, in the manner and within the period above required, and ... fail to comply with the provisions of this section shall be sub... ...nce, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24 January 1898

4. Place of Birth, (Street and Number) Cannon St 2428

5. Full Name of Mother, Louise Kalled

6. Mother's Maiden Name, Buse

7. Mother's Birthplace, Germany

8. Full Name of Father, John Kalled

9. Father's Occupation Germany

10. Father's Birthplace, Laborer

Name of Medical Attendant, or other person who makes this Return, P. Liersemann

Address, 1107 Chesapeake St

Remarks, none

1898 0 0 0 0 2 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 8904/6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Jan 24 '48
4. Place of Birth, (Street and Number) 535 W Lafayette Ave
5. Full Name of Mother, Effie Tannehill
6. Mother's Maiden Name, Effie Tissue
7. Mother's Birthplace, Confluence, Pa.
8. Full Name of Father, Ralph Clark Tannehill
9. Father's Occupation, Student
10. Father's Birthplace, Confluence, Pa.

Name of Medical Attendant, or other person who makes this Return. Wm. F. Smurl M.D

Address, 3443 Lanvale St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8980000293

RETURN OF A BIRTH.

89547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3
1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 24
4. *Place of Birth, (Street and Number)* 818 N. Broadway
5. *Full Name of Mother,* Frances Hinsley
6. *Mother's Maiden Name,* Lacau
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Albert Hinsley
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole
11. *Name of Medical Attendant,* or other person who makes this Return, Mary Pratt
12. *Address,* 818 N. Broadway
13. *Remarks,*

1898 0 0 0 0 2 9 4

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W. J. C. Dulany Co., City Printers and Stationers.

89548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White / White
3. Date of Birth, January 24
4. Place of Birth, (Street and Number) 817 Eutaw St.
5. Full Name of Mother, Mary Pyszniewska
6. Mother's Maiden Name, Pelczynska
7. Mother's Birthplace, Pole
8. Full Name of Father, Frank Pyszniewska
9. Father's Occupation Waiter
10. Father's Birthplace, Pole
11. Name of Medical Attendant, or other person who makes this Return, Mary Pettl
12. Address, 838 S. Broadway
13. Remarks,

1 8 9 8 0 0 0 0 2 9 5

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

89649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 24 95
4. *Place of Birth, (Street and Number)* Clarke St. 1321
5. *Full Name of Mother,* Alexandrine Gornasky
6. *Mother's Maiden Name,* Sabnitzky
7. *Mother's Birthplace,* Russland
8. *Full Name of Father,* Martin Gornesky
9. *Father's Occupation* Steamfond
10. *Father's Birthplace,* Russland

Name of Medical Attendant, or other person who makes this Return. Johann Jenske
Garrett Ave 1362

Address,

Remarks.

8980000296

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

89060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 24th '98

4. Place of Birth, (Street and Number) 108 S. Eden St

5. Full Name of Mother, Rosa Chickerman

6. Mother's Maiden Name, Rosa Klavanskey

7. Mother's Birthplace, Punavase Russ

8. Full Name of Father, Bennie Chickerman

9. Father's Occupation Store.

10. Father's Birthplace, Abalnie Russ.

Name of Medical Attendant, or other person who makes this Return, Jetta Klavansky

Address, 1022 E. Monument St.

Remarks,

8 9 8 0 0 0 0 2 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... with the provisions of this section shall be sub... any such person or persons who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 8904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Jan. 24, 1898

4. Place of Birth, (Street and Number) 903 W. Mulberry St.

5. Full Name of Mother, Minnie Peters

6. Mother's Maiden Name, Bousel

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Alfred Peters

9. Father's Occupation President Ivory Printing & Tag Company

10. Father's Birthplace, Fairfield, Penna.

Name of Medical Attendant, or other person who makes the Return, D. Muse, M.D.

Address, 1002 Edmondson Ave.

Remarks,

8980000298

...NY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 89682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, 1/23/98
4. Place of Birth, (Street and Number) 324 Hoffman
5. Full Name of Mother, Bell Jones.
6. Mother's Maiden Name, " Burgess
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm. Jones
9. Father's Occupation Huckster
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, M L. Todd

Address, 1 Bal Hosp.

Remarks,

8 9 8 U 0 0 0 2 9 9

Every Physician, Midwife or other person who shall assist at the birth of any child, shall, within ten days after such birth, report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 25 - 98
4. Place of Birth, (Street and Number)	Johns Hopkins Hospital
5. Full Name of Mother,	Rebecca Christopher
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	George Mitchell
9. Father's Occupation	laborer
10. Father's Birthplace,	american
Name of Medical Attendant, or other person who makes this Return.	Geo W Dobbin
Address,	The Johns Hopkins Hospital
Remarks,	

1 8 9 8 0 0 0 0 3 0 0

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan. 25. (9. 30. A. M.).

4. *Place of Birth, (Street and Number)* 581 Pennsylvania Street.

5. *Full Name of Mother,* Catherine

6. *Mother's Maiden Name,* Geiser,

7. *Mother's Birthplace,* Madenau near Trittar - Germany.

8. *Full Name of Father,* Bernhardt Hillegeist.

9. *Father's Occupation* Clerk.

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune

Address, 1412 Eutaw Place.

Remarks,

8 9 8 0 0 0 3 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 25. 1903.
4. *Place of Birth, (Street and Number)* 222 Parkin Street.
5. *Full Name of Mother,* Sarah Catherine Le Bon,
6. *Mother's Maiden Name,* Brokaw
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Claud Eugene Le Bon,
9. *Father's Occupation* Painter,
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kaune for the

Address, Mothers Relief Society 1412 Eutaw Place.

Remarks,

8480000302

Wm. J. C. Dulany Co., City Printers and Stationers.

89686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th January 1898

4. Place of Birth, (Street and Number) 1502 Bennett st Balto Md

5. Full Name of Mother, Annie Elizabeth Gillmeyer

6. Mother's Maiden Name, Schuknecht

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, William Gillmeyer.

9. Father's Occupation Motorman.

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. J. Shockney

Address, 731 Cumberland st

Remarks,

1898000303

The manner and within the period above required, and child to report its birth to the Commissioner of Health, in any such person or persons who shall hereafter fail to com- jected to the fine of ten (10) dollars for each offence, to be r

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 25 d 1898

4. Place of Birth, (Street and Number) 906 W. Franklin St

5. Full Name of Mother, Mary Ella Balsores

6. Mother's Maiden Name, " " Stuart

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Philip C Balsores

9. Father's Occupation Farmer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 127 W Lexington St

Remarks, 1898000304

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Richard Bernard Blazoe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 25 1898

4. Place of Birth, (Street and Number) 613 Greenmount Ave

5. Full Name of Mother, Mary M Blazoe (nee Mary M Collison)

6. Mother's Maiden Name, Mary M Collison

7. Mother's Birthplace, Baltimore Co Md

8. Full Name of Father, Wm Blazoe

9. Father's Occupation, Worker

10. Father's Birthplace, Penn Twp Co Ind

Name of Medical Attendant, or other person who makes this Return Louise Taylor (M.D.)

Address, 622 South Ann St

Remarks,

8980000305

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

99639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25th 1858
4. *Place of Birth, (Street and Number)* #2429 Fait Ave
5. *Full Name of Mother,* Rose L Schwatka
6. *Mother's Maiden Name,* " " Brown
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* W. H. Schwatka 2nd M.D.
9. *Father's Occupation* Physician
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka 2nd M.D.

Address, #2425 Fait Ave

Remarks,

8 9 8 0 0 0 0 3 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

RETURN OF A BIRTH. 89080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th June. 1898
4. *Place of Birth, (Street and Number)* 1007 N. Central Ave
5. *Full Name of Mother,* Carrie Weinkam
6. *Mother's Maiden Name,* " Weiss
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Wm. Weinkam
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

1 8 9 8 0 0 0 0 3 0 7

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

$9966!

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 25
4. *Place of Birth, (Street and Number)* 320 S. Dallas St.
5. *Full Name of Mother,* Susanna E. Beyler
6. *Mother's Maiden Name,* Hoy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Beyler
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, 818 S. Bond St.

Remarks,

18980000308

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here after fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 911 Eutaw St
4. Place of Birth, (Street and Number) January 25
5. Full Name of Mother, Dora Dziewiecky
6. Mother's Maiden Name, Maiska
7. Mother's Birthplace, Pole
8. Full Name of Father, George Dziewiecky
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Britt

Address, 838 S. Broad St.

Remarks,

18 9 8 0 0 0 0 3 0 9

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 28
4. *Place of Birth, (Street and Number)* 418 N Caroline St
5. *Full Name of Mother,* Jos Adam Englehardt
6. *Mother's Maiden Name,* Mc Elroy
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Jos Englehardt
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Kelly

Address, 1510 Hollins St

Remarks,

8 9 8 0 0 0 0 3 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 January 1895
4. *Place of Birth, (Street and Number)* 618 N. Bye St. Balto MD
5. *Full Name of Mother,* Mary Wade
6. *Mother's Maiden Name,* Wade
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Samuel Wade
9. *Father's Occupation* Tyler
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Cornelia Alden

Address, 1407 Hull Str Balto City

Remarks.

8480000311

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 22 1898
4. Place of Birth, (Street and Number) 212 Beachmont st
5. Full Name of Mother, Yette Lasserity
6. Mother's Maiden Name, Yl Klusmovitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Rubin Lasserovsky
9. Father's Occupation Grocery dealer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, R. Fassberg

Address, 91 E Lloyd st

Remarks, Mother and child are well

8-7-8 U 0 0 0 3 1 2

been conferred his sex, color, the name and residence of the practitioner in the form of a certificate between the first and said schedule shall be delivered duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should the person or parents of such attendance upon the mother, it shall become the duty of the immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

89560

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) fifthteenth

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, 26 January 1895
4. *Place of Birth*, (*Street and Number*) Hare St. 1230.
5. *Full Name of Mother*, Magie Marshonneck
6. *Mother's Maiden Name*, " Thernack
7. *Mother's Birthplace*, Russia
8. *Full Name of Father*, Andrew Marshonneck
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, P. Liebermann

Address, No 1109 Chesapeake St

Remarks, none

1898000313

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 26 1898
4. *Place of Birth, (Street and Number)* 108 Thames St.
5. *Full Name of Mother,* Pelakie Kasvansky
6. *Mother's Maiden Name,* Jegirsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Frank Kasvansky
9. *Father's Occupation* Steeder
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Platt

Address, 833 S Broadway

Remarks,

8 9 8 0 0 0 0 3 1 4

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 26
4. *Place of Birth, (Street and Number)* 1431 Eastern Ave.
5. *Full Name of Mother,* Onasy Sobus
6. *Mother's Maiden Name,* Rusina
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* John Sobus
9. *Father's Occupation* Wale-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Onasy Sobus

Address, 135 S. Bond St.

Remarks,

8 9 8 0 0 0 0 3 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or midwife, the owner or occupier of the premises where such birth occurs, or in case of his absence, the nearest relative present at the birth, or in case of his absence, the nearest relative present at the birth, or in case of his absence, the nearest relative present at the birth

RETURN OF A BIRTH. 89670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 Jan 1898
4. Place of Birth, (Street and Number) 559 Fort Ave
5. Full Name of Mother, Katharine England
6. Mother's Maiden Name, Ewart
7. Mother's Birthplace, Scotland
8. Full Name of Father, Edward England
9. Father's Occupation Black Smith
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnew

Address, 65 A E Fort Ave

Remarks,

6980000317

Wm. J. C. Dulany Co., City Printers and Stationers.

...or without the consent of the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 26th 1891.
4. *Place of Birth, (Street and Number)* 16 E. Hartford Ave
5. *Full Name of Mother,* Minnie Thurber.
6. *Mother's Maiden Name,* " Herriman.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* C. Thurber.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Taylor

Address, 1011 E. Pittsburgh Ave. Balto

Remarks,

18 9 8 0 0 0 0 3 1 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 26th 1898
4. *Place of Birth, (Street and Number)* 2223 Hart Ave. Balto.
5. *Full Name of Mother,* Ella Lawlor
6. *Mother's Maiden Name,* Ella Hurley.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Fred Lawlor
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Rev. Mary M Taylor

Address, Hotel D. Patterson Pk. Ave.

Remarks,

8980000319

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time hereinbefore required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

of the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Co
or practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in
ith, in the manner and within the period above required, and
any such person or persons shall hereafter fail to com
to comply with the provisions of this section shall be sub-
jected to the fine of ten dollars for each offence, to be re
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 26. 1898 A. M.
4. *Place of Birth, (Street and Number)* 1702 Cookson Street
5. *Full Name of Mother,* Louise Pinka
6. *Mother's Maiden Name,* Kraft
7. *Mother's Birthplace,* Grafs-Liebenau near Rosenberg a. W. Prussia × Germany
8. *Full Name of Father,* Karl Pinka
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Segenau near Rosenburg ×

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaiser for the

Address, Mothers Relief Society 1712 Indian Place

Remarks.

1898U000320

Wm. J. C. Dulany Co., City Printers and Stationers.

89572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* White

2. *Race or Color, (if not of the white race)* Male

3. *Date of Birth,* June 26th

4. *Place of Birth, (Street and Number)* #12 Castle st.

5. *Full Name of Mother,* Mary Buchert

6. *Mother's Maiden Name,* Kunsman Mary ~~Flanneman~~

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Adam Buchert

9. *Father's Occupation* Taylor

10. *Father's Birthplace,* Baltr.

Name of Medical Attendant, or other person who makes this Return, Mary A. Pertner

Address, #241 S. Chester st.

Remarks,

1 8 9 8 0 0 0 0 3 2 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 26
4. *Place of Birth, (Street and Number)* 603 N Lafayette Ave
5. *Full Name of Mother,* Florence Hinrich Emmins
6. *Mother's Maiden Name,* " Minnick
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Ida Emmins
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, John L. Huck

Address, 649 N Lafayette Ave

Remarks, 8 9 8 0 0 0 0 3 2 2

shall occur without the attendance of a physician or practitioner of mid... of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ... dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan-26-98
4. *Place of Birth, (Street and Number)* 724 N Bates St
5. *Full Name of Mother,* Nellie Langhenner
6. *Mother's Maiden Name,* Nellie McLaughlin
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Simon Langhenner
9. *Father's Occupation* Insurance Agent
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return C. C. Lumpkin

Address, 801 N Gay ville St.

Remarks,

B 9 8 U 0 0 0 3 2 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* spral

2. *Race or Color, (if not of the white race)* colord

3. *Date of Birth,* Jenuary 26 1895

4. *Place of Birth, (Street and Number)* chapple st 1306

5. *Full Name of Mother,* annie Robison

6. *Mother's Maiden Name,* annie mcfire

7. *Mother's Birthplace,* West wilmington county

8. *Full Name of Father,* John Robison

9. *Father's Occupation* Labor

10. *Father's Birthplace,* Belford county N.C

Name of Medical Attendant, or other person who makes this Return, Maria Wright

Address, 814 union st

Remarks, this is a 7 month child and very weak

84.8.U0000324

Wm. J. C. Dulany Co., City Printers and Stationers

89578

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 January 1898
4. Place of Birth, (Street and Number) 801 Linn St
5. Full Name of Mother, Helen Littell
6. Mother's Maiden Name, H Adamanska
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Littell
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Beyer

Address, 721 Linn St

Remarks, Baltimore

1898 0000325

Attendance upon the mother, immediately after birth, and within the period above required, and child to report its birth to the Commissioner of Health, in the manner with the provisions of the section shall be sub- any such person or persons who shall hereafter fail to comply with th jected to the fine of ten (10) dollars for each offence, to be recovered as

Wm. J. C. Dulany Co., City Printers and Stationers.

aww

89679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Mary Wieczynska

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 January 1898
4. Place of Birth, (Street and Number) 616 Durham St
5. Full Name of Mother, Rosly Wieczynska
6. Mother's Maiden Name, K. Blaszkowska
7. Mother's Birthplace, Germany
8. Full Name of Father, John Wieczynska
9. Father's Occupation Tabor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Regner

Address, 121 S Linn St

Remarks, Baltimore

1 8 9 8 0 0 0 0 3 2 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

attendance upon the mother, immediately thereafter, a like return of the birth of such child, in the manner and within the period above required, and to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 26th 1898
4. Place of Birth, (Street and Number)	545 W. Lombard St.
5. Full Name of Mother,	Lattie Lampton
6. Mother's Maiden Name,	Lattie Lewis
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Harry Hampton
9. Father's Occupation	Salesman
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return,	E. Boynton M.D.
Address,	545 W. Lombard St.
Remarks,	

8 9 8 0 0 0 0 3 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 26 1898
4. Place of Birth, (Street and Number)	105 High St
5. Full Name of Mother,	Sarah Amos
6. Mother's Maiden Name,	" Soubel.
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Isaac Amos
9. Father's Occupation	Tailor
10. Father's Birthplace,	Russia.
Name of Medical Attendant, or other person who makes this Return,	Mrs E Schenman
Address,	42 Albemarle St
Remarks,	

1898U000328

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 26th 1898
4. Place of Birth, (Street and Number) 313 S. Smallwood St.
5. Full Name of Mother, Bertha Lange
6. Mother's Maiden Name, Bertha Eberhard
7. Mother's Birthplace, Germany
8. Full Name of Father, Oscar Lange
9. Father's Occupation Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Dr. Heenel M D

Address, 2151 Wilkens Ave

Remarks,

8 9 8 U 0 0 0 3 2 9

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Catherine Stachorowska

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether ~~male~~ or female) Female
2. Race or ~~Color~~, (if not of the white race) White
3. Date of Birth, January 26/98
4. Place of Birth, (Street and Number) # 1620 S. Wolfe St
5. Full Name of Mother, Mary Stachorowska
6. Mother's Maiden Name, Mary Kelinska.
7. Mother's Birthplace, Germany
8. Full Name of Father, Simon Stachorowski.
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, #1710 Alice Anna St

Remarks, None

1 8 9 8 0 0 0 0 3 3 0

child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-20-59

89682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Bessie Catherine Wells 5 ½

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th of January 98

4. Place of Birth, (Street and Number) 1430 W. Lombard St

5. Full Name of Mother, Martha Wells

6. Mother's Maiden Name, Martha E. Hengler

7. Mother's Birthplace, Balto

8. Full Name of Father, John E. Wells

9. Father's Occupation Labor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friedesike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

T 8980000331

Wm. J. C. Dulany Co., City Printers and Stationers

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	June 26 1898
4. Place of Birth, (Street and Number)	Caroline St 421
5. Full Name of Mother,	Cathern Thompson
6. Mother's Maiden Name,	Cathern Bonds
7. Mother's Birthplace,	St Mary's County
8. Full Name of Father,	George Thompson
9. Father's Occupation	Labor
10. Father's Birthplace,	St Marys County
Name of Medical Attendant, or other person who makes this Return,	Caroline Patterson
Address,	Dallas St 815
Remarks,	Spring Hell

1898U000332

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* January 26th 1898

4. *Place of Birth, (Street and Number)* 344 West Biddle St

5. *Full Name of Mother,* Mary Taylor

6. *Mother's Maiden Name,* Mary Jones

7. *Mother's Birthplace,* Pennsylvania

8. *Full Name of Father,* Jarvis Edward Taylor,

9. *Father's Occupation*

10. *Father's Birthplace,* Harford County Md.

Name of Medical Attendant, or other person who makes this Return, Gertrude Grimm

Address, 1027 Madison Ave.

Remarks, Cora Belle Brewster M.D.

1 8 9 8 0 0 0 3 3 3

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person become the duty of the person or persons in attendance upon the mother, immediately thereafter it shall

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 26, 1898
4. Place of Birth, (Street and Number) 1328 Argyle Ave.
5. Full Name of Mother, Mary Bartuschek.
6. Mother's Maiden Name, Mary Carbel
7. Mother's Birthplace, Budiz Poly, Bohemia
8. Full Name of Father, John Bartuschek
9. Father's Occupation, Deceased
10. Father's Birthplace, Same as wife

Name of Medical Attendant, or other person who makes this Return, N. McLean M.D.

Address, 1231 Argyle Ave

Remarks,

1898 00 00334

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Marie Hopkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 26 of January 1898

4. Place of Birth, (Street and Number) 806 Rose St.

5. Full Name of Mother, Mary Hopkins

6. Mother's Maiden Name, Ernst.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hopkins

9. Father's Occupation Sailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss.

Address. 613 S. Post St.

Remarks, GIVEN NAME ADDED. 12-9-52

1898U000335

shall occur without the attendance of a physician or [illegible] shall become the duty of the person or parents ... attendance upon the mother, immediately thereafter, in the manner and within the period above required ... child to report its birth to the Commissioner of Health, in the manner and within the period above required ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female - Berla Eugenia
2. Race or Color, (if not of the white race) white Hindshaw
3. Date of Birth, Jany 26 1898
4. Place of Birth, (Street and Number) 1841 Jr Bond St.
5. Full Name of Mother, Lucy Henderson
6. Mother's Maiden Name, Lucy Spaulding
7. Mother's Birthplace, Petersburg Va.
8. Full Name of Father, Howard Henderson
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Albert L. Perkinson MD

Address, 1037 N Caroline St

Remarks, Full name added by mother J.E. Weber Reg.

Lucie P. Henderson 8 4 8 0 0 0 3 3 9 1938

Wm J C. Dulany Co., City Printers and Stationers.

...on the manner and within the period above ... comply with the provisions of this section ... recovered as other fines and forfeitures are ...

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Birth Twins

1. Sex, (state whether male or female) Both Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 26 1898
4. Place of Birth, (Street and Number) N° 1633 Lexington St
5. Full Name of Mother, Olivia Robbins
6. Mother's Maiden Name, Olivia Reynolds
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William A. Robbins
9. Father's Occupation, Shipping Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks

Address, N° 1828 Light St.

Remarks, Seven Months One. Died

1898000337

shall occur without the attendance of a physician or midwife, the person or parent ... shall become the duty of the person or parent ... attendance upon the mother, immediately thereafter it shall ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Twins

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 26 1898

4. Place of Birth, (Street and Number) N° 1633 Covington St.

5. Full Name of Mother, Clara Robbins

6. Mother's Maiden Name, Clara Reynolds

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William A Robbins

9. Father's Occupation Shipping Clerk.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Brooks.

Address, N° 1828. Light St.

Remarks,

1 9 8 0 0 0 0 3 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

shall become the duty of the person in charge of the case
attendance upon the mother, immediately thereafter it shall be
the manner and within the period above required
child to report its birth to the Commissioner of Health, in the ma
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male —
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 27 '98
4. *Place of Birth, (Street and Number)* 1706 Callington Ave
5. *Full Name of Mother,* Helen Schwalenberg
6. *Mother's Maiden Name,* " Steinbacher
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Frank Herman Schwalenberg
9. *Father's Occupation* Iron Worker
10. *Father's Birthplace,* Balto -

Name of Medical Attendant, or other person who makes this Return, Wm T. Watson

Address, 1601 A Broadway

Remarks,

898U000339

n. j. c. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 27 1898
4. *Place of Birth, (Street and Number)*	614 N Carey street
5. *Full Name of Mother,*	Annie Ernst
6. *Mother's Maiden Name,*	A Gosling
7. *Mother's Birthplace,*	Balto Co
8. *Full Name of Father,*	Charles W Ernst
9. *Father's Occupation*	dietician
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Harris & Galvitzes
Address,	725 Mulberry street
Remarks,	

1898 000340

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27th January 1898
4. *Place of Birth, (Street and Number)* #1639 N. Hamburg St.
5. *Full Name of Mother,* Ferdinandina S. Schoburg
6. *Mother's Maiden Name,* Ferdinandina S. Hawke
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Joseph H. Schoburg
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 802 Leadenhall Street.

Remarks,

8980000341

Attendance upon the mother, immediately hereafter it shall become the duty of the person or persons in attendance upon the mother, immediately hereafter it shall be the duty of the person or persons in attendance upon the mother, immediately hereafter it shall become

RETURN OF A BIRTH. 5896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 27 1895

4. *Place of Birth, (Street and Number)* No 1720 Ringgold Street

5. *Full Name of Mother,* Mary A. Hasey

6. *Mother's Maiden Name,* Mary A. Bruder

7. *Mother's Birthplace,* Massachusetts

8. *Full Name of Father,* John Hasey

9. *Father's Occupation* Piano Maker

10. *Father's Birthplace,* Massachusetts

Name of Medical Attendant, or other person who makes this Return, Jno. A. Colwell M.D

Address, 1741 Harford Ave

Remarks,

8 9 8 U 0 0 0 3 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Jan 27th 1898
4. Place of Birth, (Street and Number) 100 N. Dallas St.
5. Full Name of Mother, Maud Tate
6. Mother's Maiden Name, Maud Clash
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Isaiah Tate
9. Father's Occupation, Helper in drug store
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hospital

Remarks, Baltimore, Md.

898U000343

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* 11 2 98
4. *Place of Birth, (Street and Number)* 923 N Dr - St
5. *Full Name of Mother,* Louisa Lewis.
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Chas Smith.
9. *Father's Occupation* Lab.
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, M D Todd

Address, 1 Md bank bldg

Remarks,

8 9 8 0 0 0 0 3 4 4

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED

RETURN OF A BIRTH. 59878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Ackerman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 27 1898
4. Place of Birth, (Street and Number) 12 N 28 Dupont Al
5. Full Name of Mother, Annie (Ackerman) Ackerman
6. Mother's Maiden Name, Annie Rauhut
7. Mother's Birthplace, Germany
8. Full Name of Father, Julius (Ackerman) Ackerman
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

8 7 8 U 0 0 0 3 4 5

shall occur without the attendance of a physician or practitioner of midwifery, or should no other attendance upon the mother, immediately thereafter it shall become the duty of the person or parent child to report its birth to the Commissioner of Health, in the manner and within the period above any such person or persons who shall hereafter fail to comply with the provisions of this section shall jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and penalties are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 5999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 27th
4. Place of Birth, (Street and Number)	#313 Washington st
5. Full Name of Mother,	Katie Kelly
6. Mother's Maiden Name,	Katie Muldowny
7. Mother's Birthplace,	Richmond Va
8. Full Name of Father,	John Kelly
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltr.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#241 S. Chester st.
Remarks,	

1898U000346

shall occur without the attendance of a physician or practitioner of midwifery, or should no other attendance upon the mother, immediately thereafter it shall become the duty of the person or parents with whom the child to report its birth to the Commissioner of Health, in the manner and within the period above required. any such person or persons to comply with the provisions of this section shall hereafter fail to comply with the provisions of this section jected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Chd.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 27th 1898.
4. *Place of Birth, (Street and Number)* 224 N. Balto. St. Balto
5. *Full Name of Mother,* Katie Bourne.
6. *Mother's Maiden Name,* Katie Adams.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thomas B. Bourne
9. *Father's Occupation* Restaurateur.
10. *Father's Birthplace,* Virginia.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor

Address, #611 N. Patterson Pk. Ave.

Remarks,

1898000347

Wm. J. C. Dulany Co., City Printers and Stationers.

8967

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 27th 1898

4. Place of Birth, (Street and Number) 1st Entry North of State St

5. Full Name of Mother, Dora Jacobs

6. Mother's Maiden Name, Rissinger

7. Mother's Birthplace, Germany

8. Full Name of Father, John Jacobs

9. Father's Occupation Cabinet Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Albert J. ...

Address, 827 W. Lexington St

Remarks,

1898 00003488

Wm. J. C. Dulany Co., City Printers and Stationers.

89602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2nd

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or ~~Color~~, (if not of the white race)* White
3. *Date of Birth,* January 27 /98
4. *Place of Birth, (Street and Number)* #2016 Shakespeare St
5. *Full Name of Mother,* Josefa Kristofiak.
6. *Mother's Maiden Name,* Josefa Tiska
7. *Mother's Birthplace,* Rossia Poland
8. *Full Name of Father,* Michael Kristofiak.
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Annie Rockmael.

Address, #1710 Alice Anna St

Remarks, Home

1 8 9 8 0 0 0 0 3 4 9

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

practitioner of midwifery, or should no other
it shall become the duty of the person or par
h, in the manner and within the period above r
comply with the provisions of this section
o be recovered as other fines and
tures are

RETURN OF A BIRTH. 89608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 19 1899
4. *Place of Birth, (Street and Number)* 1618 Hillman st
5. *Full Name of Mother,* Nellie McNulty
6. *Mother's Maiden Name,* Nellie McKenna
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Bernard McNulty
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, J. M. Fenton M.D.

Address, 925 E. Eager St.

Remarks,

8 7 8 0 0 0 3 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27, 1898.
4. Place of Birth, (Street and Number) 108 Market Space.
5. Full Name of Mother, Sarah Livingstone
6. Mother's Maiden Name, " Epstein
7. Mother's Birthplace, Russia.
8. Full Name of Father, Louis Livingstone
9. Father's Occupation Storekeeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E Scherman,

Address, 42 Albemarle St.

Remarks,

1898 00000351.

Wm. J. C. Dulany Co., City Printers and Stationers.

89606

RETURN OF A BIRTH.

GIVEN NAME ADDED 9/19/61

To the Office of Registrar of Vital Statistics, Board of [redacted]lth, Baltimore City.

Name: Oscar Frederick Haupt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 27th 1898
4. Place of Birth, (Street and Number) 1606 Fairmount Ave.
5. Full Name of Mother, Rickie Haupt
6. Mother's Maiden Name, Eleaser
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Julius Haupt
9. Father's Occupation Shoemaker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 E. Exeter St.

Remarks,

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and shall be punished by a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

1898U000352

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 27th 98
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Annie Evergam
6. Mother's Maiden Name, Annie Andham
7. Mother's Birthplace, Maryland
8. Full Name of Father, William Evergam
9. Father's Occupation Blacksmith
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address, The Johns Hopkins Hospital

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 6 0 6 0 0 0 3 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27. Jan
4. Place of Birth, (Street and Number) 418 E Velasia Codori
5. Full Name of Mother, Velasia Stevens
6. Mother's Maiden Name, Cumberland
7. Mother's Birthplace, George Codori
8. Full Name of Father, Framer
9. Father's Occupation, Pensalvania
10. Father's Birthplace, Mrs. J Gist Medwife
11. Name of Medical Attendant, or other person who makes this Return,
12. Address, 1417. E Eager St.
13. Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

8980000354

RETURN OF A BIRTH. 89608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27 Jan
4. *Place of Birth, (Street and Number)* 527 Calvin St
5. *Full Name of Mother,* Isabell Warton.
6. *Mother's Maiden Name,* Isabell Galyer
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Henry Warton
9. *Father's Occupation.* Ironmoulder
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return. Mrs. J Bird Mitchell

Address, 1417 E. Eager St

Remarks,

1 8 9 6 0 0 0 0 3 5 5

Wm. J. C. Dulany Co., City Printers and Stationers

KODAK

RETURN OF A BIRTH. 89609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 27 1898
4. Place of Birth, (Street and Number) 820 East-Lee.
5. Full Name of Mother, Charlotte Record
6. Mother's Maiden Name, Charlotte Williams
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frederick Record
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swaine

Address, 824 N. Carlton St.

Remarks,

1 4 8 0 0 0 0 3 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 27th 1895

4. Place of Birth, (Street and Number) 1427 Vincent Alley

5. Full Name of Mother, Josephine Whiting

6. Mother's Maiden Name, Josephine Chisted

7. Mother's Birthplace, North Carolina

8. Full Name of Father, Joseph Alex Whiting

9. Father's Occupation Laborer

10. Father's Birthplace, London Eng.

Name of Medical Attendant, or other person who makes this Return, Chas of Harvey

Address, 1809 London St City

Remarks,

1 9 8 0 0 0 0 3 5 7

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	27 January
4. Place of Birth, (Street and Number)	21 Friedrich Road
5. Full Name of Mother,	Margaretha Frank
6. Mother's Maiden Name,	Hermann
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Louis Frank
9. Father's Occupation	Laborer
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Ralf Mayer
Address,	1331 Hull & Locust Point.
Remarks,	

8 9 8 0 0 0 0 3 5 8

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 27 1898
4. *Place of Birth, (Street and Number)* 1150 Cleveland St
5. *Full Name of Mother,* Elisabeth Erbe
6. *Mother's Maiden Name,* Elisabeth Herget
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Erbe.
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this return, Alfred M. Bell M.D.

Address, 1031 Cathedral St

Remarks,

8980000359

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

89618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 27th 1898.
4. *Place of Birth, (Street and Number)* 109 Cedar Avenue Hampden
5. *Full Name of Mother,* Mary Viola Hackley
6. *Mother's Maiden Name,* Mary Viola Hepburn
7. *Mother's Birthplace,* Baltimore County.
8. *Full Name of Father,* Robert Lee Hackley
9. *Father's Occupation* Painter
10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other person who makes this Return, A. J. Lobley MD

Address, 1426 Chestnut Ave.

Remarks,

1 8 9 8 U 0 0 0 3 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 27 1898

4. Place of Birth, (Street and Number) 839 N Broom St

5. Full Name of Mother, Katie Weigand

6. Mother's Maiden Name, Katie Weimt

7. Mother's Birthplace, Balto

8. Full Name of Father, John Wm Weigand

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, 711 Broom Street

Remarks,

+ 8 9 8 0 0 0 0 3 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Midwives are required to report the birth to the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 2 of January
4. Place of Birth, (Street and Number) 22 14 Essex St
5. Full Name of Mother, Anna Derbick
6. Mother's Maiden Name, = Benick
7. Mother's Birthplace, W. Pennsylvania.
8. Full Name of Father, August Derbick.
9. Father's Occupation, Laborer
10. Father's Birthplace, W Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weis.

Address, 613 S. port St.

Remarks,

8 7 8 U 0 0 0 3 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

8961 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Pauline Louise Schneider

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 of January

4. Place of Birth, (Street and Number) 2413 Eastern Ave

5. Full Name of Mother, Käthe Schneider

6. Mother's Maiden Name, Schimmel.

7. Mother's Birthplace, Würtemberg. (Germ)

8. Full Name of Father, Christian Schneider

9. Father's Occupation Harpenter

10. Father's Birthplace, Hessen (Germ).

Name of Medical Attendant, or other person who makes this Return. Mrs. E. Weis.

Address, 619 S. port St.

Remarks,

8980000363

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child so to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten Dollars for each offense, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

89617

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (~~state whether male or~~ female)*

2. *Race or Color, (~~if not of the~~ white race)*

3. *Date of Birth,* 1/28 1898

4. *Place of Birth, (Street and Number)* 203 Frederick Ave

5. *Full Name of Mother,* Marguerhetta Broeck-Hefner

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Peter Hefner

9. *Father's Occupation,* Blacksmith

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Pearce Kintzing

Address, 424 A Greene St

Remarks, L.O.A Wrglh

8980000364

ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

88618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	28th of January 98
4. Place of Birth, (Street and Number)	2033 South St
5. Full Name of Mother,	Therese Dorsy
6. Mother's Maiden Name,	Therese Magaha
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Georg W. Dorsy
9. Father's Occupation	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler midwife
Address,	2116 McHenry St
Remarks,	

B 1980000365

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 28th 1898
4. Place of Birth, (Street and Number) 1038 Whitelock
5. Full Name of Mother, Irene Shepard
6. Mother's Maiden Name, Irene Saunders
7. Mother's Birthplace, Washington Co Md
8. Full Name of Father, Joseph Lee Mason
9. Father's Occupation Painter
10. Father's Birthplace, Talbot Co
- Name of Medical Attendant, or other person who makes this Return, Mary Howard
- Address, 1809 London St
- Remarks,

8 9 8 0 0 0 0 3 6 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 28 1898
4. *Place of Birth, (Street and Number)* 133 S. Haugh St
5. *Full Name of Mother,* Esther Smith
6. *Mother's Maiden Name,* Esther Cotch
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Israel Smith
9. *Father's Occupation* Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finneberg

Address, 21 Floyd

Remarks,

B 7 8 0 0 0 0 0 3 6 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 28 94
4. Place of Birth, (Street and Number) 1124 Cleveland St
5. Full Name of Mother, Emma M. Mispelhorne
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Albert Mispelhorn
9. Father's Occupation Drummer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Barr

Address, 711 Cross Street

Remarks,

8 9 8 0 0 0 0 3 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 28
4. *Place of Birth, (Street and Number)* Baltimore Co Dublin Md 1922
5. *Full Name of Mother,* Annie Benson
6. *Mother's Maiden Name,* Annie Smithers
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Benson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Carolina Peterson

Address, 815 E Lanvale St

Remarks, Doing as well as can expect

8 9 8 U 0 0 0 3 6 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 28th 1898
4. *Place of Birth, (Street and Number)*	243 N Amity St
5. *Full Name of Mother,*	Rachel Broxton
6. *Mother's Maiden Name,*	Baltimore City
7. *Mother's Birthplace,*	Robert Ruxton
8. *Full Name of Father,*	Brick Layer
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Louisa Lane (Midwife)
Address,	622 Lorraine St
Remarks,	

1 8 9 8 0 0 0 0 3 7 0

Wm. J. C. Dulany Co., City Printers and Stationers

89624

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 28 1898
4. Place of Birth, (Street and Number) Shakespeare St. 616 1616
5. Full Name of Mother, Maggie Weisenlaw
6. Mother's Maiden Name, Seaman
7. Mother's Birthplace, Balto.
8. Full Name of Father, George Weisenlaw
9. Father's Occupation, Can Maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary Beth

Address, 838 S. Bond St.

Remarks,

8980000371

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Fml
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 28
4. Place of Birth, (Street and Number) S. Bethel St. 204
5. Full Name of Mother, Annie Zalek
6. Mother's Maiden Name, Boles
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Stanislaus Zalek
9. Father's Occupation Stoker man
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Beth

Address, 838 S. Bond St.

Remarks,

8 7 8 0 0 0 0 3 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Certificate of birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28 Jan
4. Place of Birth, (Street and Number) 613 Constitution st
5. Full Name of Mother, Bridget Barry
6. Mother's Maiden Name, B. Timmings
7. Mother's Birthplace, Ireland
8. Full Name of Father, William Barry
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. J Gink Midwife

Address, 1417 E. Eager st.

Remarks,

8 9 8 0 0 0 0 3 7 3

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin / 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan 28th 1898.
4. *Place of Birth, (Street and Number)* #2311 Quentin Ave Balto
5. *Full Name of Mother,* Katie Hafner.
6. *Mother's Maiden Name,* Katie Feltkamp.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Hafner.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Miss Mary M Taylor.

Address, #1 S Patterson Pk. Ave.

Remarks,

8480000374

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 28th 98

4. *Place of Birth, (Street and Number)* 1111 N. Gross St.

5. *Full Name of Mother,* Mary Kertule

6. *Mother's Maiden Name,* Mary Behrens

7. *Mother's Birthplace,* Buchschering Germany

8. *Full Name of Father,* John K. Kertule

9. *Father's Occupation* Driver Teamsters

10. *Father's Birthplace,* Württemberg, Germany

Name of Medical Attendant, or other person who makes this Return. Henry C. O'Neill. M.D.

Address, 203 W. Fayette St.

Remarks,

8980000375

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored light
3. *Date of Birth,* Jan 28th
4. *Place of Birth, (Street and Number)* 1318 Bond St
5. *Full Name of Mother,* Ella V. Harrison
6. *Mother's Maiden Name,* Ella V. Harrison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis W Harrison
9. *Father's Occupation* Crater
10. *Father's Birthplace,* Youngstown Md

Name of Medical Attendant, or other person who makes this Return, Dr Wilson M.D

Address, 1142 Northwood Ln

Remarks,

B 9 8 0 0 0 0 3 7 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 28 of January 1898
4. Place of Birth, (Street and Number) No 1726 East Chase St
5. Full Name of Mother, Annie Smith
6. Mother's Maiden Name, Annie Forster
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Smith
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lauer
Address, No 1054 Harford Ave Balt Md.
Remarks,

8 4 8 0 0 0 0 3 7 7

...ity such person or persons who shall hereafter fail to ... subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth. Jan 28 1898
4. Place of Birth, (Street and Number) 2425 E fayette st
5. Full Name of Mother, Celeste Simpson
6. Mother's Maiden Name, Celeste Hollaman
7. Mother's Birthplace, Virginia
8. Full Name of Father, William J. Simpson
9. Father's Occupation Rider
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return Margaret Magness

Address, 434 Fulton road

Remarks,

1898 00 00 378

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, Jan 2 Fth. 1895

4. Place of Birth, (Street and Number) Franklin Road Opp. Toll Gate

5. Full Name of Mother, Annie Mary Bisson

6. Mother's Maiden Name, Annie Mary Busby

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John Bisson

9. Father's Occupation Dairy Business

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, J. A. Zepp, M. D.

Address, 3050 W. North Ave.

Remarks,

8 7 8 0 0 0 0 3 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 January 1898
4. Place of Birth, (Street and Number) 1618 Thames St
5. Full Name of Mother, Lucy Mateska
6. Mother's Maiden Name, L Jankoska
7. Mother's Birthplace, Germany
8. Full Name of Father, William Ratecki
9. Father's Occupation Tuber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Regier

Address, 721 Ann St

Remarks, Baltimore

8 9 8 0 0 0 0 3 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Physicians and others required by law to report births are hereby notified that if a birth shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

59634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan. 28 - 1898

4. Place of Birth, (Street and Number) 925 Eastern Ave

5. Full Name of Mother, Kate Kern

6. Mother's Maiden Name, Ross

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Kern

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary A Stein

Address, 1929 E Fratt St

Remarks,

8980000381

Wm. J. C. Dulany Co., City Printers and Stationers.

...ter it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter it shall ... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be ...

RETURN OF A BIRTH. 89636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 28. (J. A. M.) 1898
4. *Place of Birth, (Street and Number)* 115 So. Clement Street
5. *Full Name of Mother,* Barbara, anna Völker,
6. *Mother's Maiden Name,* Hahn
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Johann Völker,
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Fürth - Bavaria - Germany

Name of Medical Attendant, or other person who makes this Return, L. M. Kanne for the

Address, Mothers Relief Society 1712 Eutaw Place

Remarks,

18980000382

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine often [illegible] dollars for each offence, to be recovered as other fines and [illegible] ures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex*, (*state whether male or female*) female

2. *Race or Color*, (*if not of the white race*) W.

3. *Date of Birth*, 1/28/98.

4. *Place of Birth*, (*Street and Number*) Md. Gen'l Hosp.

5. *Full Name of Mother*, Margaretta Hannegs

6. *Mother's Maiden Name*, "

7. *Mother's Birthplace*, Chambersburg Pa.

8. *Full Name of Father*, J. N. Martin.

9. *Father's Occupation*, Clerk.

10. *Father's Birthplace*, Pa.

Name of Medical Attendant, or other person who makes this Return, W. L. Todd

Address, Md. Gen'l Hosp.

Remarks,

8 9 8 0 0 0 0 3 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter it shall become ... manner and within the period above required, and ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with the ... with the provisions of this section shall be sub- ... jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female Inuser Gross
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* Jan 29th 1898
4. *Place of Birth, (Street and Number)* 143. n West St Baltimor
5. *Full Name of Mother,* Frances ann Gross
6. *Mother's Maiden Name,* Frances ann Downs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles ford Gross
9. *Father's Occupation* labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, annie Johnson

Address, 1012 punnHdy

Remarks,

8 9 8 0 0 0 0 3 8 4

attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 29th 1898
4. Place of Birth, (Street and Number) 510 Bruce St
5. Full Name of Mother, Mary Ellen Dwyer
6. Mother's Maiden Name, Welsh
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph Bruce
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm Mennis Graf

Address, 527 W. Lexington St

Remarks,

18980000385

shall occur without the attendance of a phys... if shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9. th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 29 1895
4. *Place of Birth, (Street and Number)* 162. Cuba St
5. *Full Name of Mother,* Selena Walter
6. *Mother's Maiden Name,* Selena Kenzer
7. *Mother's Birthplace,* Germ
8. *Full Name of Father,* Herman Walter
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germ

Name of Medical Attendant, or other person who makes this Return Mrs Ettee

Address, 1619 Cuba St

Remarks,

B 9 8 0 0 0 0 3 8 6

Wm. J. C. Dulany Co., City Printers and Stationers

or practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
, to be recovered as other fines. forfeitures are recoverable.

shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail
jected to the fine of ten dollars for each offence,

RETURN OF A BIRTH. 89640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 29/98
4. Place of Birth, (Street and Number) 514 S. Cannon St.
5. Full Name of Mother, Elisa Schroeder
6. Mother's Maiden Name, " Brauer
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Schroeder
9. Father's Occupation Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

B 9 8 0 0 0 0 3 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 29. 1898
4. *Place of Birth, (Street and Number)* 1622 Carrington st
5. *Full Name of Mother,* Lena Mitzke
6. *Mother's Maiden Name,* Decker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Theodor Mitzke
9. *Father's Occupation* Workmann
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 Fort ave

Remarks,

8 9 8 0 0 0 0 3 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 children

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colers
3. *Date of Birth,* Saturday 29 Jan
4. *Place of Birth, (Street and Number)* 1539 Mont Rose st
5. *Full Name of Mother,* Louisa Brayton
6. *Mother's Maiden Name,* Louisa Redmond
7. *Mother's Birthplace,* Ellicot City
8. *Full Name of Father,* Joe R Brayton
9. *Father's Occupation* Cowe at Rennet
10. *Father's Birthplace,* Frankland town

Name of Medical Attendant, or other person who makes this Return Janser Sinner

Address, N 640 Raborge st

Remarks, because this for make it so late

B 7 8 0 0 0 0 3 8 9

shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 23rd 1900

4. *Place of Birth, (Street and Number)* 602 Johnson Ave

5. *Full Name of Mother,* Hester E. Mosley

6. *Mother's Maiden Name,* Hester E. Warren

7. *Mother's Birthplace,* Calvert Co Md

8. *Full Name of Father,* Johnson H. Mosley

9. *Father's Occupation* Locomotive Engineer

10. *Father's Birthplace,* Frederick Co Md

Name of Medical Attendant, or other person who makes this Return. E. Buchanan M.D.

Address, 411 E. Eager St

Remarks,

B 9 8 0 0 0 0 3 9 0

Wm. J. C. Dulany Co., City Printers and Stationers

89644

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 29th January

4. *Place of Birth, (Street and Number)* 22 E Schroeder street

5. *Full Name of Mother,* Margaret Blocker

6. *Mother's Maiden Name,* Mahoney Kerr

7. *Mother's Birthplace,* Baltimore County

8. *Full Name of Father,* Charles Blocker

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return, Mrs. Thayer

Address, 524 Hollins st

Remarks,

8980000391

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 29th. 1898
4. *Place of Birth, (Street and Number)* 1159 Low Street
5. *Full Name of Mother,* Julia Fagan
6. *Mother's Maiden Name,* _____
7. *Mother's Birthplace,* Georgetown
8. *Full Name of Father,* Le. P. Fagan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jane Reed

Address, 922 Hillman Street

Remarks, _____

1 8 9 8 0 0 0 0 3 9 2

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Theodore Michael Bartholomew, 4th

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Wh.
3. *Date of Birth*, January 29/98
4. *Place of Birth*, (*Street and Number*) 2212 Ruskin Ave.
5. *Full Name of Mother*, Mrs G. R. Bartholomew
6. *Mother's Maiden Name*, Henrietta E. Hunt
7. *Mother's Birthplace*, Balto.
8. *Full Name of Father*, Guy R. Bartholomew
9. *Father's Occupation* Book-keeper
10. *Father's Birthplace*, Balto.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D

Address, 258 Penna. Ave

Remarks,

8 9 8 U 0 0 0 3 9 3

shall occur without the attendance of a physician or practitioner of ... In case the birth of any child ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89647

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	January 29/98
4. *Place of Birth, (Street and Number)*	518 Clifton St.
5. *Full Name of Mother,*	Mrs Walter Dulch
6. *Mother's Maiden Name,*	Mary E. Dalton
7. *Mother's Birthplace,*	Balto Co. Md.
8. *Full Name of Father*	Walter Dulch
9. *Father's Occupation*	Motorman
10. *Father's Birthplace,*	Howard Co. Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address,	2531 Penna. Ave.
Remarks,	

1898000000394

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of ... of said offers, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

5464/8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: John A. Cross

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.A.
3. Date of Birth, Jany. 29/98
4. Place of Birth, (Street and Number) 2007 Ridgwood Ave.
5. Full Name of Mother, Mr John Cross
6. Mother's Maiden Name, Julia Griffin
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Cross
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Ed Smith M.D.

Address, 353 Penna Ave.

Remarks,

8980000395

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH.

89649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	2nd
1. Sex, (*state whether male or female*)	Female
2. Race or Color, (*if not of the white race*)	Wht.
3. Date of Birth,	January 29 1918
4. Place of Birth, (*Street and Number*)	1511 S. Carey St.
5. Full Name of Mother,	Mrs Herbert N. Gilpatrick
6. Mother's Maiden Name,	Addie Stewart
7. Mother's Birthplace,	Washington D.C.
8. Full Name of Father,	Herbert N. Gilpatrick
9. Father's Occupation	Salesman
10. Father's Birthplace,	Boston Mass
Name of Medical Attendant, or other person who makes this Return,	E A Smick M.D.
Address,	253 [illegible] Ave.
Remarks,	

8980000396

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89660

GIVEN NAME ADDED 12-1-34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary ~~Burman~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27 1898
4. Place of Birth, (Street and Number) 525 S Bond st
5. Full Name of Mother, Sarah Furrman
6. Mother's Maiden Name, L Barrman
7. Mother's Birthplace, Russia
8. Full Name of Father, Leon Furrman
9. Father's Occupation Grocer dealer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkelz

Address, 21 S Loyd st

Remarks,

8 9 6 6 0 0 0 0 3 9 7

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89651

RETURN OF A BIRTH.

GIVEN NAME ADDED 6-12-20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Maytuba Waters

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 2 Sat January 1898
5. Place of Birth, (Street and Number) City Hos 1919 Aisquith
6. Full Name of Mother, Mrs Emma Eliza Waters
7. Mother's Maiden Name, Miss Emma Eliza Heyson
8. Mother's Birthplace, Baltimore Co "
9. Full Name of Father, Mr Samuel R. Waters
10. Father's Occupation, Labor
11. Father's Birthplace, City
12. Name of Medical Attendant, or other person who makes this Return, Dr Minnie A Hoffs
13. Address, No 1919 Aisquith st Est
14. Remarks, There was no One There and I was compelled

8 9 8 0 0 0 3 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 3/4/48

RETURN OF A BIRTH.

89652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ELIZABETH MUTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 24 1898.
4. Place of Birth, (Street and Number) No. 1838 Hope street
5. Full Name of Mother, Alice Muth
6. Mother's Maiden Name, Alice Dickerson
7. Mother's Birthplace, Maryland
8. Full Name of Father, William Muth
9. Father's Occupation Chemical Glass Worker
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clausell M.D.

Address, 1741 Hanford ave.

Remarks,

8 9 8 0 0 0 0 3 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

89663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 29 1898
4. Place of Birth, (Street and Number) 20 S. Eden St.
5. Full Name of Mother, Mary Harrington
6. Mother's Maiden Name, Hand
7. Mother's Birthplace, Cumberland Md
8. Full Name of Father, John Harrington
9. Father's Occupation Laborer
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Mary Shaw

Address, 1427 E. Baltimore St.

Remarks,

8 9 8 U 0 0 0 4 0 0

Wm. J. C. Dulany Co., City Printers and Stationers

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 89664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remember that the mother, immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 29th of January
4. Place of Birth, (Street and Number) 909½ Leadenhall St.
5. Full Name of Mother, Mrs Maggie Malle
6. Mother's Maiden Name, Mrs Minnich
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr Frank Malle
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Minnich

Address, 908 Leadenhall Street.

Remarks,

1898000401

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 6-6-57

89658

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Martha Magdetana Nagle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 29th 1898

4. Place of Birth, (Street and Number) #1813 Grave st.

5. Full Name of Mother, Mary V. Nagle

6. Mother's Maiden Name, Mary " Glare

7. Mother's Birthplace, Baltr

8. Full Name of Father, Charles Nagle

9. Father's Occupation Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary A. Perkins

Address, #2478. Chester st

Remarks, 18980000402

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 29th
4. *Place of Birth, (Street and Number)*	#2016 Bank st
5. *Full Name of Mother,*	Mary Mc Donough
6. *Mother's Maiden Name,*	Mary Hanley
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Kelly
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#24 E. Chester st
Remarks,	

1897800000403

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 84607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 29th Jan 1898

4. Place of Birth, (Street and Number) 1928 Light St

5. Full Name of Mother, Katharine Ellen

6. Mother's Maiden Name, Cook

7. Mother's Birthplace, Anne Arundel Co

8. Full Name of Father, Francis J Eder

9. Father's Occupation B & O R R

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnewell

Address, 65 E Fort ave

Remarks,

1898 00000404

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK D SAFETY FILM

89658

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 of January 1895
4. *Place of Birth, (Street and Number)* 941 Durham st
5. *Full Name of Mother,* Mary Simanek
6. *Mother's Maiden Name,* Mary Melka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Simanek
9. *Father's Occupation* blacksmit
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 101 Durham str

Remarks,

1 8 9 8 0 0 0 0 4 0 5

shall occur without the attendance of a physician or practitioner of mid-wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 of January 1898

4. Place of Birth, (Street and Number) 2004 N Loy st

5. Full Name of Mother, Magi Schreiber

6. Mother's Maiden Name, Magi Tenglain

7. Mother's Birthplace, Germanie

8. Full Name of Father, Tobi Schreiber

9. Father's Occupation Bironlan

10. Father's Birthplace, Germanie

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1210 Durham st

Remarks,

18 7 8 0 0 0 0 4 0 6

shall occur without the attendance of a physician or practitioner of ... the birth of any child ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with ... jected to the fine of ... dollars for each offence, to be recovered ... fixtures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

99660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 January
4. *Place of Birth, (Street and Number)* N 804 Cay str
5. *Full Name of Mother,* Carie Likorsky
6. *Mother's Maiden Name,* Carie Niko
7. *Mother's Birthplace,* Ungarn
8. *Full Name of Father,* John Likorsky
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace,* Ungarn

Name of Medical Attendant, or other person who makes this Return, Luise Sintora

Address, 1011 Durham str

Remarks,

18 78 U 0000407

Wm. J. C. Dulany Co,. City Printers and Stationers.

89661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	31 January 1898
4. *Place of Birth, (Street and Number)*	1633 Albert St
5. *Full Name of Mother,*	Annie Stepanek
6. *Mother's Maiden Name,*	Annie Moravec
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Albert Stepanek
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	Luise Svatora
Address,	1010 Durham st
Remarks,	

1898 0000408

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ... dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Clinton Percy Ewing

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 20th
4. *Place of Birth, (Street and Number)* 611 Cumberland St
5. *Full Name of Mother,* Annie M. Ewing
6. *Mother's Maiden Name,* Annie M. Bowman
7. *Mother's Birthplace,* White Hall, Balto Co
8. *Full Name of Father,* George L. Ewing
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Rockwell, Balto Co

Name of Medical Attendant, or other person who makes this Return, Dr. J. Shockney

Address, 731 Cumberland St Balto City.

Remarks,

8980000409

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulaney Co., City Printers and Stationers.

RETURN OF A BIRTH. 89663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 30, 1898.
4. *Place of Birth, (Street and Number)* 809 Florman St.
5. *Full Name of Mother,* Raffal Lazzara
6. *Mother's Maiden Name,* " Sclla.
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Frank Lazzara.
9. *Father's Occupation* Bottler
10. *Father's Birthplace,* Italy.

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 42. Allendale St.

Remarks,

1898 000410

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 30, 1898.
4. *Place of Birth, (Street and Number)* 809 Plowman St.
5. *Full Name of Mother,* Mary Esposita
6. *Mother's Maiden Name,* " Laura
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Antonio Esposita
9. *Father's Occupation* Fruit Business.
10. *Father's Birthplace,* Italy.

Name of Medical Attendant, or other person who makes this Return, Nurse E. Scherman

Address, 42 Albemarle St.

Remarks,

8 4 8 U 0 0 0 4 1 1

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 89660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Sunday Jan 30 to 78
4. Place of Birth, (Street and Number) 2 Valley at Waverly Ave
5. Full Name of Mother, Grace Comeline
6. Mother's Maiden Name, Lemke
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Walter A Comeline
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Eric M. Firth

Address, 719 Bacon st

Remarks, not any

8980000412

Physicians, upon the mother immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, to report said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 89666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 3d 1898
4. *Place of Birth, (Street and Number)* 924 Woodyear Court
5. *Full Name of Mother,* Ella May Gibson Jones
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Wesley Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who make this Return, Margaret R. Mackenzie

Address, 1221 Madison Avenue

Remarks,

1898 0000413

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, June 30/98

4. Place of Birth, (Street and Number) 611 George St.

5. Full Name of Mother, Catherine M. Jordan

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, St Marys Co Md.

8. Full Name of Father, Thos F Jordan

9. Father's Occupation Waiter

10. Father's Birthplace, St Marys Co Md.

Name of Medical Attendant, or other person who makes this Return, Mrs C. Robins M.D.

Address, 1314 Druid Hill Ave

Remarks,

1898 0 0 0 4 1 4

Wm. J. C. Dulany Co., City Printers and Stationers

89668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, June 30 1898
4. Place of Birth, (Street and Number) 331 Dawsons alley
5. Full Name of Mother, Susan Ann Ady
6. Mother's Maiden Name, Ball
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Eugene A Ady
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. Williams

Address, 916 Leaden Hall St Baltimore

Remarks,

1898U000415

Wm. J. C. Dulany Co., City Printers and Stationers.

89669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30th January 1898

4. Place of Birth, (Street and Number) 3736 O'Donnell st

5. Full Name of Mother, Frederika Pitt

6. Mother's Maiden Name, Frederika Krusmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Louis Pitt.

9. Father's Occupation Plumber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, P. Siegmann

Address, No. 1107 Chesapeake St.

Remarks, none

8 7 8 0 0 0 0 4 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Not~~ Fifth (5th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 30, 1898
4. Place of Birth, (Street and Number) 1220 N. Lombard st
5. Full Name of Mother, Effie L. Willhide
6. Mother's Maiden Name, Bittinger
7. Mother's Birthplace, Harford Co
8. Full Name of Father, Cowling A. Willhide
9. Father's Occupation Polisher
10. Father's Birthplace, Thurmont Md

Name of Medical Attendant, or other person who makes this Return, A. Bradford M.D.

Address, 116 N. Zimmer st.

Remarks, very fine child

8 9 8 U 0 0 0 4 1 7

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child 1898
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	30 January
4. Place of Birth, (Street and Number)	109 E Bluxom Jany St
5. Full Name of Mother,	Rosa Hirschmans
6. Mother's Maiden Name,	Rosa McGee
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Williams Hirschmans
9. Father's Occupation	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Dang Well

18980000418

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th Jan
4. Place of Birth, (Street and Number) N. 1160 Hanlicke St
5. Full Name of Mother, Mary Esther Keefer
6. Mother's Maiden Name, Zittel
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Francis Marion Keefer
9. Father's Occupation Upholsterer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs of M. Bischoff

Address, N. 731 N. Peter St

Remarks,

B 980000419

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 30th 1898
4. Place of Birth, (Street and Number) 918 Hollins st Baltimore
5. Full Name of Mother, Sarah Ann Lane
6. Mother's Maiden Name, Sarah Ann Hamilton
7. Mother's Birthplace, Camden N J
8. Full Name of Father, John Edward Hamilton Lane
9. Father's Occupation actor
10. Father's Birthplace, Madison Ind
Name of Medical Attendant, or other person who makes this Return Dr Lucretia Appleton
Address, 23 W Lafayette st
Remarks,

1898 0000420

C. Dulany Co., City Printers and Stationers

89674

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 30th 1898

4. Place of Birth, (Street and Number) 1600 Dallas st Baltimore

5. Full Name of Mother, Mary E Scroggs

6. Mother's Maiden Name, Mary E Hildebran

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Hildebran

9. Father's Occupation Hunter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs M A Foster

Address, 1600 E Lanvale st

Remarks,

1 8 9 8 0 0 0 0 4 2 1

...duty of the person or parents of such ...th, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub... ...jected to the fine of ten (10) dollars for each offence, to be re... ...covered as other fines and ... returns are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 30th
4. Place of Birth, (Street and Number) 302 Park Ave.
5. Full Name of Mother, Annie L. Schaub
6. Mother's Maiden Name, Heim,
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Frank B. Schaub
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

8 9 8 0 0 0 0 4 2 2

Wm. J. C. Dulany Co., City Printers and Stationers

attendance upon the mother, immediately thereafter it shall become the duty of the person (or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male Edward Howard Smith
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, Jan 31st 1898
4. Place of Birth, (Street and Number) 143 W west Baltimore
5. Full Name of Mother, Mary Elizzebeth Johnson
6. Mother's Maiden Name, Mary Elizzebeth Downs
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Smith
9. Father's Occupation Labor
10. Father's Birthplace, Calvert County M. D

Name of Medical Attendant, or other person who makes this Return, Annie Johnson

Address, 1012 Plum alley Balto City

Remarks,

1898 0000423

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* January 1st 1908

4. *Place of Birth,* (*Street and Number*) 619 S. Ann St

5. *Full Name of Mother,* Laura E. Edwards

6. *Mother's Maiden Name,* Laura E. Owens

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles B. Edwards

9. *Father's Occupation* Gen Business

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Bruce

Address, 1225 Bank St City

Remarks,

1 8 9 8 0 0 0 0 4 2 4

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 31 1898
4. Place of Birth, (Street and Number) 831 E Lan Av
5. Full Name of Mother, Laura L Smith
6. Mother's Maiden Name, Laura L ~~Smith~~ Deacon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John M Smith
9. Father's Occupation Gas Fitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Rev Mary E Dorsey

Address, 2225 Park Ave City

Remarks,

18980000425

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, Jan 31 '98

4. Place of Birth, (Street and Number) Md Genl Hosp

5. Full Name of Mother, Emma Ransom

6. Mother's Maiden Name, "

7. Mother's Birthplace, Md.

8. Full Name of Father, Chas Thompson

9. Father's Occupation Drayman

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. M. L. Todd

Address, Md Genl Hosp

Remarks,

8 7 8 0 0 0 0 4 2 6

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

97680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31 Jan 1878

4. Place of Birth, (Street and Number) 140 Decatur St. S. P.

5. Full Name of Mother, Charlotte Tibell

6. Mother's Maiden Name, A. Kühl

7. Mother's Birthplace, Germany

8. Full Name of Father, Anton Tibell

9. Father's Occupation Stevedore

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Lizzie Schaeffer

Address, Aisquith & Fort Ave

Remarks,

1 8 9 8 U 0 0 0 4 2 7

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall be the duty of such physician or midwife to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Race
3. Date of Birth, January 31 st.
4. Place of Birth, (Street and Number) 1528 Lancaster St.
5. Full Name of Mother, Mary Talley
6. Mother's Maiden Name, Kaufmann
7. Mother's Birthplace, Balto.
8. Full Name of Father, Stephen Talley
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, 838 S. Bond St.

Remarks,

1 8 9 8 0 0 0 0 4 2 8

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 Jan 1898
4. *Place of Birth, (Street and Number)* 2129 E. Oliver St
5. *Full Name of Mother,* Margaretta Hol
6. *Mother's Maiden Name,* Margaretta Wodding
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George H.
9. *Father's Occupation* Laborer in Brewery
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, H. L. E. Vogler M.D.

Address, 1211 E Monument

Remarks,

8980000429

C. Dulany Co., City Printers and Stationers

89683

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 31 Jan 1898

4. Place of Birth, (Street and Number) 1402 Hull St

5. Full Name of Mother, Fanny E Woodward

6. Mother's Maiden Name, Davis

7. Mother's Birthplace, Agusta Co Va

8. Full Name of Father, Joseph R Woodward

9. Father's Occupation B R O R R

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 65 0 E Fort Ave

Remarks,

18980000430

J. C. Dulany Co., City Printers and Stationers.

SECTION 7.—And be it further enacted and ordained that every person ... place, shall keep ... Baltimore under whose charge or supervision ... a birth shall hereafter take place, shall ... register of such birth, and shall enter the same on a ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall ... as far as the same can be ascertained ... form conferred by this section, the full name and occupation ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the ... of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

89684

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male (Leo A.)
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 31st 1898
4. *Place of Birth, (Street and Number)*	2138 Hollins
5. *Full Name of Mother,*	~~[illegible]~~ Bridget Fahuty Fitz
6. *Mother's Maiden Name,*	Bridget Fahuty
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Fitzsimmons
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Thos. F. McCormick
Address,	1721 Eutaw Place
Remarks,	

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

T 8 9 8 0 0 0 0 53

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

89684

SECTION 7.—And be it further enacted and ordained that every person in charge of any birth place, shall keep a true and correct register under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Baltimore and shall contain a list of the births which have occurred under his or her care during the month, and shall contain as far as the same can be ascertained the full name, sex, color, date and place of birth and the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall contain as far as the same can be ascertained the full name, sex, color, date and place of birth and the name, the full name and occupation of its parents, the date and place of birth of each child, if any shall have been registered, the full name and occupation of the parents, the date and place of birth of each child, if any shall have been registered, daily signed by the practitioner in the case of births occurring in the practice of such practitioner, and in the case of the birth of any child said schedule shall be delivered, daily signed by the practitioner in the case of births occurring in the practice of such practitioner, and in the case of the birth of any child not attended by a practitioner, by the person or parents of such child, to the office of the Commissioner of Health within the third day of each and every month to the office of the Commissioner of Health within the third day of each and every month to the office of the Commissioner of Health within the third day of each and every month

89686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth,

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 31 1918

4. Place of Birth, (Street and Number) 1313 Jarvis st

5. Full Name of Mother, Anna A. Goetz

6. Mother's Maiden Name, " " Shah

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Joseph Goetz

9. Father's Occupation Bricklayer

10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, H. B. Hoff M.D.

Address, 641 Columbia Ave

Remarks,

1 8 9 8 0 0 0 0 4 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 January 1878
4. *Place of Birth, (Street and Number)* 925 Fell St
5. *Full Name of Mother,* Mary Chmielewska
6. *Mother's Maiden Name,* M. Cygos
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Micky Chmielewski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Boyce

Address, 721 Aun St

Remarks, Baltimore

8 9 8 0 0 0 0 4 3 3

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 31 98
4. Place of Birth, (Street and Number)	711 Hanford Av
5. Full Name of Mother,	C. Edith Leisure
6. Mother's Maiden Name,	C. " Gemmill
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	J. J. Leisure
9. Father's Occupation	Cook
10. Father's Birthplace,	Illinois
Name of Medical Attendant, or other person who makes this Return,	J. T. Robinson M. D.
Address,	
Remarks,	

1898 0000434

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately before the birth of a child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 31/98
4. *Place of Birth, (Street and Number)* 101 S. Ann St.
5. *Full Name of Mother,* Mary Lauterbach
6. *Mother's Maiden Name,* " Kungels
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry N. Lauterbach
9. *Father's Occupation* Cotter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

1898 0000435

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 31/98
4. Place of Birth, (Street and Number) 2023 E. Lombard St.
5. Full Name of Mother, Dora Yaegst
6. Mother's Maiden Name, " Bose
7. Mother's Birthplace, Balto.
8. Full Name of Father, Anton Yaegst
9. Father's Occupation Backer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhaus

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8980000436

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 31 Jan
4. Place of Birth, (Street and Number) 1220. Barkley & Waverly
5. Full Name of Mother, Ellen Dorsey
6. Mother's Maiden Name, Ellen Welby
7. Mother's Birthplace, Ireland
8. Full Name of Father, Dennis H Dorsey
9. Father's Occupation Motterman
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Dink Meidwire.

Address, 1417 E Eager St.

Remarks,

8980000437

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 31, 1898
4. *Place of Birth, (Street and Number)*	121 S. Schroeder St.
5. *Full Name of Mother,*	Mrs. Catherine V. Mallon
6. *Mother's Maiden Name,*	Catherine V. Morris
7. *Mother's Birthplace,*	Fairfax C.H. Va.
8. *Full Name of Father,*	John H. Mallon
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Saratoga Spgs. N.Y.
Name of Medical Attendant, or other person who makes this Return	Mrs Annie Hinke
Address,	Midwife 921 Ryan st Baltimore Md
Remarks,	

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 7 8 0 0 0 0 4 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

89692

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 31st January

4. Place of Birth, (Street and Number) 539 N. Wheeler St

5. Full Name of Mother, Jeanette Stuart Vial

6. Mother's Maiden Name, Jeanette Stuart Smith

7. Mother's Birthplace, Baltimore City Md.

8. Full Name of Father, William Henry Neal

9. Father's Occupation Porter in store

10. Father's Birthplace, Baltimore city Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Trent

Address,

Remarks,

1 8 9 8 U 0 0 0 4 3 9

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are receverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 - D
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 31. 98
4. Place of Birth, (Street and Number)	739 W. Saratoga
5. Full Name of Mother,	Carrie Fritz
6. Mother's Maiden Name,	" Abel
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Jacob Fritz
9. Father's Occupation,	Cabinet maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	C. L. Bugdenhahn
Address,	418 S. Paca St.
Remarks,	

8 9 8 0 0 0 0 4 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

89694

89692

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name- Marie Lerch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 31 th 1898
4. *Place of Birth, (Street and Number)*	55 Garrison Lane
5. *Full Name of Mother,*	Carrie Lerch
6. *Mother's Maiden Name,*	Carrie Drexler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frederick Lerch
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2008 MC Henry st
Remarks,	

1898000441

Wm. J. C. Dulany Co., City Printers and Stationers.

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ( ) dollars for each offence, to be recovered as other fines and [illegible] are recoverable.

RETURN OF A BIRTH. 89695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1st Jan
4. Place of Birth, (Street and Number) 825 N. Penna St
5. Full Name of Mother, Annie Healy
6. Mother's Maiden Name, Annie Healyeny
7. Mother's Birthplace, Ireland
8. Full Name of Father, James F. Healy
9. Father's Occupation Painter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Quirk midwife

Address, 1417 E. Eager St.

Remarks,

8980000442

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1st Jan

4. Place of Birth, (Street and Number) 415 Rogers Ave

5. Full Name of Mother, Maria Lamon

6. Mother's Maiden Name, Maria Carr.

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Lamon

9. Father's Occupation Sexton

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J Bird Midwife.

Address, 1417. E Eager St.

Remarks,

8 9 8 0 0 0 0 4 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2d Jan 1898
4. Place of Birth, (Street and Number) 808 Hartford Ave
5. Full Name of Mother, Maggie Hagan
6. Mother's Maiden Name, Maggie McGinnes
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Peter Hagan
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Grist Midwife

Address, 1417 E. Eager St.

Remarks,

8 7 8 U 0 0 0 4 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Bernard (Boleslaw) Postuszny

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2d

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6/98
4. Place of Birth, (Street and Number) #1606 Alice Anna St
5. Full Name of Mother, Magdalene (Maggie) Postusnia
6. Mother's Maiden Name, Maggie Zamenska
7. Mother's Birthplace, Germany
8. Full Name of Father, White (Stendeslaw) (Postuszny) Postuszny
9. Father's Occupation Butcher
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other person who makes this Return, Annie Grochmal
12. Address, #1710 Alice Anna St
13. Remarks, None

8 7 8 0 0 0 0 4 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

The mother, immediately thereafter, shall become the duty of the person or parents of such attendance upon the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 7. 1898
4. *Place of Birth, (Street and Number)*	804 George str.
5. *Full Name of Mother,*	Beulah von Ezert
6. *Mother's Maiden Name,*	B. Wilmer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Theodor von Ezert
9. *Father's Occupation,*	salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Marie E. Fridwitzer M. D.
Address,	725 Mulberry Sect
Remarks,	

1 8 9 8 0 0 0 0 4 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 5th. 98
4. Place of Birth, (Street and Number) 39 E. Fremont Ave.
5. Full Name of Mother, Margaret Ridder
6. Mother's Maiden Name, Schaeffer
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo. E. Ridder
9. Father's Occupation, Painter
10. Father's Birthplace, Balto
11. Name of Medical Attendant, or other person who makes this Return, Dr. J. F. Chrichair
12. Address, 101 Gordon Ave.
13. Remarks,

1898000447

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 10. 1898
4. *Place of Birth, (Street and Number)*	1848 w Mulberry st
5. *Full Name of Mother,*	Dora Lock
6. *Mother's Maiden Name,*	D. Heinemann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Lock
9. *Father's Occupation*	agent
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	H. E. Rahwitzer M. D.
Address,	725 Mulberry str.
Remarks,	

1898 0 0 0 4 4 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 16th 1898
4. Place of Birth, (Street and Number) 221 E. Bruit
5. Full Name of Mother, Rachel Day
6. Mother's Maiden Name, " Johnson
7. Mother's Birthplace, St Marys Co Md
8. Full Name of Father, Lanks Day
9. Father's Occupation Odd Carrier
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Harch C. Dodt

Address, 1316 Stockton

Remarks,

1898 0 0 0 4 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or sh
attendance upon the mother, immediately thereafter it shall b
child to report its birth to the Commissioner of Health, in the m
any such person or persons, who shall hereafter fail to comply
jected to the fine of ten dollars for each offence, to be recov

RETURN OF A BIRTH. 89703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 17-98

4. *Place of Birth, (Street and Number)* St Agnes Hospital

5. *Full Name of Mother,* Kate Reifsnyder

6. *Mother's Maiden Name,* Kate Ritner

7. *Mother's Birthplace,* Phila - Penn

8. *Full Name of Father,* Joseph Reifsnyder

9. *Father's Occupation* Insurance Agent

10. *Father's Birthplace,* Penn.

Name of Medical Attendant, or other person who makes this Return, G. J. Landers

Address, St Agnes Hospital.

Remarks,

1898 0000450

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jany 17th 1898
4. Place of Birth, (Street and Number)	# 1277 Baltic Av.
5. Full Name of Mother,	Mary A. Galvin
6. Mother's Maiden Name,	McMahan
7. Mother's Birthplace,	Balto. City Md.
8. Full Name of Father,	Jno P. Galvin
9. Father's Occupation,	Real Estate
10. Father's Birthplace,	Balto. City Md.
Name of Medical Attendant, or other person who makes this Return,	P. C. Lee
Address,	Hanover st
Remarks,	

1898000451

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child 1575
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	17 January 1937
4. Place of Birth, (Street and Number)	1828 Light St
5. Full Name of Mother,	Katie Hausler
6. Mother's Maiden Name,	Katie Englehart
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Hausler
9. Father's Occupation	Typer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Person making this report
Address,	Elza Brooks
Remarks,	1828 Light St

1 8 9 8 U 0 0 0 0 4 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

It shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan. 19 '98

4. Place of Birth, (Street and Number) 1910 E. Biddle

5. Full Name of Mother, Jennie V Langham

6. Mother's Maiden Name, " " Sanders

7. Mother's Birthplace, Penna

8. Full Name of Father, Wm Hy Langham

9. Father's Occupation carpenter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address, 1601 N Broadway

Remarks,

1 8 9 8 U 0 0 0 4 5 3

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 21-98
4. *Place of Birth, (Street and Number)* St Agnes Hospital
5. *Full Name of Mother,* Addie Guisinger
6. *Mother's Maiden Name,* Addie Ketzinger
7. *Mother's Birthplace,* Fred- Md
8. *Full Name of Father,* Charles Guisinger
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Fred- Md

Name of Medical Attendant, or other person who makes this Return, G. J. Landers

Address, St Agnes Hospital

Remarks, This was six months child which lived- 8 hours 0 min 45 sec on 3rd day of birth

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th,
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 20th, 1898
4. Place of Birth, (Street and Number)	1322 Homewood Ave
5. Full Name of Mother,	Annie Dehoff.
6. Mother's Maiden Name,	Annie Shaffer.
7. Mother's Birthplace,	York Pa.
8. Full Name of Father,	Wm. Dehoff.
9. Father's Occupation	N. C. R. R. Engineer.
Father's Birthplace,	York Pa.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D.
Address,	S. W. Cor. Calvert & Preston Sts.
Remarks,	

1898 00 00 0455

Failure to report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	—
3. Date of Birth,	Jan. 20th. 98
4. Place of Birth, (Street and Number)	North West St. near 9th.
5. Full Name of Mother,	Catherine Agnes Meade
6. Mother's Maiden Name,	Catherine Agnes O'Shields
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Walter Meade
9. Father's Occupation	Telephone Business
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	J. A. Zepp M. D.
Address,	2054 N. North Ave.
Remarks,	

1898 0000456

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 59710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	C
3. Date of Birth,	Jan 2nd
4. Place of Birth, (Street and Number)	124 N. Schroeder St
5. Full Name of Mother,	Mamie Jones
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen MD
Address,	622 W Lombard
Remarks,	

8 7 8 0 0 0 0 4 5 7

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 4, 1898.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell M.D.

Address, 1741 Hanford ave.

Remarks,

8 9 8 0 0 0 0 4 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89712

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male and Female

2. Race or Color, (if not of the white race) C

3. Date of Birth, Jan 6th 1898

4. Place of Birth, (Street and Number) 773 Arsche St

5. Full Name of Mother, Sallie Elsie

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen MD

Address, 622 W Lombard.

Remarks, Twins

8 9 8 0 0 0 0 4 5 9

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C

3. Date of Birth, Jan 6th

4. Place of Birth, (Street and Number) 1116 Harmony Lane

5. Full Name of Mother, Hattie Myers.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W Lombard

Remarks,

18980000460

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 6th 1898
4. Place of Birth, (Street and Number)	115 N. Lombard St.
5. Full Name of Mother,	Mollie Harper
6. Mother's Maiden Name,	Mollie Harper
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Unknown
9. Father's Occupation	"
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	E. Baynton M.D.
Address,	115 N. Lombard St.
Remarks,	

1 8 9 8 0 0 0 0 4 6 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 89716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 6th 1898.
4. *Place of Birth, (Street and Number)*	1157 N. Longford St.
5. *Full Name of Mother,*	Mary Ryan
6. *Mother's Maiden Name,*	Mary Ryan
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E. Boerstler M.D.
Address,	1157 N. Longford St.
Remarks,	

8980000462

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 7th 1898.
4. *Place of Birth, (Street and Number)*	1157 N. Lombard St.
5. *Full Name of Mother,*	Helen Selby
6. *Mother's Maiden Name,*	Helen Selby
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E. V. Boynton M.D
Address,	1157 N. Lombard St.
Remarks,	

8 9 8 0 0 0 0 4 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, Jan 7th

4. Place of Birth, (Street and Number) 613 Cider alley

5. Full Name of Mother, Mortha Scott.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation.

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. M. Allen M.D.

Address, 622 W. Lombard.

Remarks,

8 4 8 0 0 0 0 4 6 4

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Jan 7 '98.
4. Place of Birth, (Street and Number) 1118 Eutaw Place
5. Full Name of Mother, Gertrude Griffin
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. L. Todd

Address, 1118 Eutaw Place

Remarks,

8 9 8 0 0 0 0 4 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, June 8th

4. Place of Birth, (Street and Number) 1142 Russell St

5. Full Name of Mother, Charlotte Bell

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W Lombard

Remarks,

8 9 8 0 0 0 0 4 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 11. shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Jan 8th
4. *Place of Birth, (Street and Number)* 26 N. Amity St
5. *Full Name of Mother,* Ida Church
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D

Address, 622 W. Lombard

Remarks,

1 8 9 8 U 0 0 0 4 6 7

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. ; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 2d 98.
4. *Place of Birth, (Street and Number)*	1152 E Oriskany St.
5. *Full Name of Mother,*	Maggie Davis
6. *Mother's Maiden Name,*	Maggie Davis
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E. Boynton M.D.
Address,	1152 E Oriskany St.
Remarks,	

1898 0 0 0 0 4 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

RETURN OF A BIRTH. 89722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 9th 1898
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Lena Hensel
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin

Address, The Johns Hopkins Hospital

Remarks,

† 8 9 8 U 0 0 0 4 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever shall neglect or refuse to report the birth of any child, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	January 12th 1898
4. Place of Birth, (Street and Number)	Johns Hopkins Hospital
5. Full Name of Mother,	Nancy Cox
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	—
9. Father's Occupation	—
10. Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return,	Geo. W. Dobbin
Address,	The Johns Hopkins Hospital.
Remarks,	

8 9 8 U 0 0 0 4 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* June 12th
4. *Place of Birth, (Street and Number)* 743 Dorr St.
5. *Full Name of Mother,* Ella Wood
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. L. M. Allen M.D.

Address, 622 W. Lombard

Remarks,

8 9 8 0 0 0 4 7 1

The child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* wht.

3. *Date of Birth,* Jan. 13th 1898.

4. *Place of Birth, (Street and Number)* City Hospital, Saratoga & Calvert St.

5. *Full Name of Mother,* Ida Green

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, A. Catlin, M.D.

Address, City Hospital.

Remarks, Premature birth. 8 mos.

8980000472

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89726

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 14th 1898
4. *Place of Birth, (Street and Number)*	1157 N. Bomlord St.
5. *Full Name of Mother,*	Helen Bradley
6. *Mother's Maiden Name,*	Helen Bradley
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E. Burton M.D.
Address,	1157 N. Linwood St.
Remarks,	

8980000473

It shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

~~89807~~
89727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Jan 14th 1898
4. Place of Birth, (Street and Number)	27 Stafford st
5. Full Name of Mother,	Gertrude Watts
6. Mother's Maiden Name,	Gertrude Watts
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	X X X
9. Father's Occupation	X X X
10. Father's Birthplace,	X X X
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Wicks
Address,	Hoffman Lane
Remarks,	

1 8 9 8 0 0 0 0 4 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall b
in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the m
comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be recov
re recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 7th 98
4. *Place of Birth, (Street and Number)*	115 W. Lombard St.
5. *Full Name of Mother,*	Norah Dundy
6. *Mother's Maiden Name,*	Norah Dundy
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E. Baynton M.D.
Address,	115 W. Lombard St.
Remarks,	

1898U000475

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 17/45
4. *Place of Birth, (Street and Number)* 1122 N. Mount St.
5. *Full Name of Mother,* Mabel Leonard
6. *Mother's Maiden Name,* Mabel Leonard
7. *Mother's Birthplace,* England
8. *Full Name of Father,*
9. *Father's Occupation* Teacher
10. *Father's Birthplace,* Not Known

Name of Medical Attendant, or other person who makes this Return, J.O. Hendrix, M.D.

Address, 1122 N. Mount St.

Remarks, Md. Hom. Hospital.

8980000476

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 17 — 1898

4. Place of Birth, (Street and Number) 417 W. Pratt St.

5. Full Name of Mother, Friederike Brandt

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, not known

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 419 E. Pratt St.

Remarks,

1898 U 000477

Wm. J. C. Dulany Co., City Printers and Stationers.

...th, in the manner and within the period above required, and ... child to report its birth to the Commissioner of Health, in ... to comply with the provisions of this section shall be sub... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be r... to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Apr 15 1871
4. *Place of Birth, (Street and Number)* 211 East Church St
5. *Full Name of Mother,* Sarah Price
6. *Mother's Maiden Name,* Sarah Price
7. *Mother's Birthplace.* Maryland
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, D. Young

Address, 115 N Fountain

Remarks,

18980000478

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	C
3. Date of Birth,	Jan 19th
4. Place of Birth, (Street and Number)	309 W Lee St
5. Full Name of Mother,	Agnes Wise
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	L. M. Allen M.D.
Address,	622 W. Lombard
Remarks,	

8 9 8 U 0 0 0 4 7 9

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 20th 1898
4. *Place of Birth, (Street and Number)*	115 N Lombard St.
5. *Full Name of Mother,*	Macy Dronberg
6. *Mother's Maiden Name,*	Macy Dronberg
7. *Mother's Birthplace,*	Motzeland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E Boynton M.D.
Address,	115 N Lombard St.
Remarks,	

1 8 9 8 0 0 0 0 4 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...or practioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or practi... ...shall become the duty, of the person or parents, of such ...attendance upon the mother, Commissioner of Health, in t... ...child to report its birth to the said Board within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... ...jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 22nd. 1898
4. *Place of Birth, (Street and Number)*	Hillenstein 1157 N. Lombard
5. *Full Name of Mother,*	Ella Dickson
6. *Mother's Maiden Name,*	Ella Dickson
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E. Baxter M.D
Address,	1157 N. Lombard St.
Remarks,	

8980000481

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 24 1898
4. Place of Birth, (Street and Number) Old York Road Waverly
5. Full Name of Mother, X X X Bastard
6. Mother's Maiden Name, Lizzie Clayton
7. Mother's Birthplace, St Marys Co Md
8. Full Name of Father, X X X
9. Father's Occupation X X X.
10. Father's Birthplace, X X X

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, #7 Talbott St Waverly Balt City

Remarks, Ped

1898000004 82

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Jan 24th
4. *Place of Birth, (Street and Number)* 1033 Wagon alley
5. *Full Name of Mother,* Lizzie Wright
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. L M. Allen MD

Address, 022 W Lombard

Remarks,

8 9 8 U 0 0 0 4 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Jan 24th
4. *Place of Birth, (Street and Number)* 501 Burgundy Alley
5. *Full Name of Mother,* Lizzie Baily
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. ⇒ L. M Allen M.D
⇒ W. Lambert

Address,

Remarks,

18980000484

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C

3. Date of Birth. Jan 24th

4. Place of Birth, (Street and Number) 763 W Pratt St.

5. Full Name of Mother, Fannie Shepard

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. M. Allen MD

Address, 622 W Lombard

Remarks,

1898U000485

In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 14th 1898
4. *Place of Birth, (Street and Number)*	115 N. Lombard St.
5. *Full Name of Mother,*	Rachael Venney
6. *Mother's Maiden Name,*	Rachael Venney
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E. Baynton M.D.
Address,	115 N. Lombard St.
Remarks,	

8 9 8 0 0 0 0 4 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Jan 25th
4. *Place of Birth, (Street and Number)*	1121 Saratoga St.
5. *Full Name of Mother,*	Ella Kennedy.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation,*	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	612 W. Lombard
Remarks,	

1 8 9 8 U 0 0 0 4 8 7

...th in the manner and within the period above required, and ...ail to comply with the provisions of this section shall be sub... any such person or persons who shall hereafter fail to co... jected to the fine of ten (10) dollars for each offence, to be re... ...ch to report its birth to the Commissioner of Health, in ... to be recovered as other fines and forfeitures are recoverable.

Nm 1 C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, Jan 26th

4. Place of Birth, (Street and Number) 412 Dorsey St.

5. Full Name of Mother, Rachael Brown

6. Mother's Maiden Name,

7. Mother's Birthplace.

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L M Allen MD

Address, 622 W. Lombard.

Remarks,

8 9 8 U 0 0 0 4 8 8

Wm J C. Dulany Co., City Printers and Stationers.

Any person, or the master and owner of any vessel within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan. 27 th. 1898
4. *Place of Birth, (Street and Number)* 900 Abraham St.
5. *Full Name of Mother,* Emma Purnell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Single
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

1 8 9 8 U 0 0 0 4 8 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	W
3. Date of Birth,	Jan 28th
4. Place of Birth, (Street and Number)	475 Pace St.
5. Full Name of Mother,	Vincent Czerwin
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	L. M. Allen MD
Address,	622 W Lombard
Remarks,	

8980000490

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) C
3. Date of Birth, Jan 29th
4. Place of Birth, (Street and Number) 1141 Saratoga St.
5. Full Name of Mother, Louisa Thomas
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
11. Name of Medical Attendant, or other person who makes this Return, L. M. Allen MD
12. Address, 622 W Lombard.
13. Remarks,

8 7 8 0 0 0 0 4 9 1

Child to Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Jan 29th

4. *Place of Birth (Street and Number)* 766 Bradley Ct

5. *Full Name of Mother,* Rosa Rondue

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. M. Allen MD

Address, 632 W Lombard

Remarks,

8980000492

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* Jan 29th

4. *Place of Birth, (Street and Number)* 522 Columbia Ave.

5. *Full Name of Mother,* Fannie Bullett.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard.

Remarks,

18980000493

Wm. J. C. Dulany Co., City Printers and Stationers.

89747

RETURN OF A BIRTH.

GIVEN NAME ADDED 12-29-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Clarence~~ J. Roberts

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Jan. 29th, 1898.
4. Place of Birth, (Street and Number) 805 N. Stirling St.
5. Full Name of Mother, Florence Cummings
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Unmarried
9. Father's Occupation
10. Father's Birthplace,
11. Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.
12. Address, ~~Johns Hopkins Hosp.~~ Baltimore Md.
13. Remarks,

8 7 8 0 0 0 0 4 9 4

child to report the birth to the Commissioner, ... to comply with the ... above ... any such person or persons who shall hereafter, ... to be recovered as other fines ... section ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered ...

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* C
4. *Date of Birth,* Jan 31st
5. *Place of Birth, (Street and Number)* 756 Vine St.
6. *Full Name of Mother,* Bettie Dudley.
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,*
9. *Full Name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard.

Remarks,

8980000495

Cities to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Van J. C. Dulany Co., City Printers and Stationers.

89-749

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C

3. Date of Birth, June 31st

4. Place of Birth, (Street and Number) 669 Vine St.

5. Full Name of Mother, Ella Brown

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W Lombard

Remarks,

8980000496

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* W
4. *Date of Birth,* Jan 21st
5. *Place of Birth, (Street and Number)* 220 S. Eutaw
6. *Full Name of Mother,* Mrs. Blum
7. *Mother's Maiden Name,*
8. *Mother's Birthplace,*
9. *Full Name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W Lombard.

Remarks,

8980000497

Wm J C Dulany Co., City Printers and Stationers.

...to the Commissioner of Health, the names and residences of the parents, the sex, color and birthplace of the child, the date of birth, and such other information as may be required, and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 17 1898
4. *Place of Birth, (Street and Number)* 1219 Byrd st
5. *Full Name of Mother,* Annie Brant
6. *Mother's Maiden Name,* " Ammen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Brant
9. *Father's Occupation* Segar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mid wife

Address,

Remarks, Katie Lecar
1705 Byrd st MD

1 8 9 8 0 0 0 0 4 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

89762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 17 - 1898

4. Place of Birth, (Street and Number) 1829 Light st

5. Full Name of Mother, Carrie Lobar

6. Mother's Maiden Name, " Werline

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wiliam Lobar

9. Father's Occupation Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, mid wife

Address, Mrs Katie Lear

Remarks, N 1705 Bond st

8 9 8 0 0 0 0 4 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 21 1898
4. *Place of Birth, (Street and Number)* 117 Bloomsbury st
5. *Full Name of Mother,* Delia Jweden
6. *Mother's Maiden Name,* " Bevis
7. *Mother's Birthplace,* Fredrick M D.
8. *Full Name of Father,* Charles Jweden
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, mid wife

Address,

Remarks, Mrs Katie Lear
N 1705 Bond st

1898 00 00 00

Wm. J. C. Dulany Co., City Printers and Stationers.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First-
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 5th 1898
4. *Place of Birth, (Street and Number)*	1127 Augusta St
5. *Full Name of Mother,*	Mary Mc Cabe
6. *Mother's Maiden Name,*	Mary Mc Cabe
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Jas. Mc Cabe
9. *Father's Occupation*	Saloon-Keeper
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Dr. Jefferies Buen
Address,	1051 Augusta St
Remarks,	

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1898000501

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 8th 1898
4. *Place of Birth, (Street and Number)*	702 E. Chase St
5. *Full Name of Mother,*	Lillie D Wallace
6. *Mother's Maiden Name,*	Lillie D. Lowe
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Wm. H. Wallace
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Dr. Jefferson Buck
Address,	1051 Aisquith St
Remarks,	

8 9 8 0 0 0 0 5 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 89756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Fem
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 9th 1895
4. Place of Birth, (Street and Number) 1327 Aisquith St.
5. Full Name of Mother, Mary Tully
6. Mother's Maiden Name, Mary Schneider
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno. E. Tully
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Brison M.D.

Address, 218 N. Madison St.

Remarks,

1 8 9 8 U 0 0 0 5 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twin
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 11th 1898
4. *Place of Birth, (Street and Number)*	Cr Eager + Hunting Sts
5. *Full Name of Mother,*	Kate Myers
6. *Mother's Maiden Name,*	Kate McCauley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	August Myers
9. *Father's Occupation*	Candy-maker
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Dr. Jeffries Buck
Address,	1051 Augusta St
Remarks,	

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines [illegible] recoverable.

1898 0 0 0 0 5 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh
1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 13th 1898
4. *Place of Birth, (Street and Number)* 1112 Scott St City
5. *Full Name of Mother,* Lena Moehlenpah
6. *Mother's Maiden Name,* Montesper
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Henry Moehlenpah
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm B Kestler

Address, 612 W. Lanvale St

Remarks,

8 9 8 0 0 0 0 5 0 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall become the duty of the person or parents of such
in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
e recovered as other fines and

RETURN OF A BIRTH. 89769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 January 1898
4. *Place of Birth, (Street and Number)* 2025 Oliver St
5. *Full Name of Mother,* Edilie Gailfuss
6. *Mother's Maiden Name,* Fuller
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* John Gailfuss
9. *Father's Occupation*
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Central Av.

Remarks,

1898000506

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 17 January 1898
4. Place of Birth, (Street and Number) 1206 Eager st
5. Full Name of Mother, Magie Schneider
6. Mother's Maiden Name, Zang
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Schneider
9. Father's Occupation varnisher
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Av.

Remarks,

1898 0 0 0 5 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	boy
2. Race or Color, (if not of the white race)	
3. Date of Birth,	21 January 1898
4. Place of Birth, (Street and Number)	1414 Keeldorf st
5. Full Name of Mother,	Anna Koehlepp
6. Mother's Maiden Name,	Scheidt
7. Mother's Birthplace,	Balt.
8. Full Name of Father,	Henri Koehlepp
9. Father's Occupation	wheelwright
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other person who makes this Return,	Anna Walter
Address,	928 W Cent Av.
Remarks.	

+ 8980000508

Every birth must be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether ~~male or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, January 23rd 1895
4. Place of Birth, (Street and Number) 1120 Broadway
5. Full Name of Mother, Elizabeth G. Stack
6. Mother's Maiden Name, Neville
7. Mother's Birthplace, Wisconsin
8. Full Name of Father, Joseph Stack
9. Father's Occupation, Builder
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo. B. Lowney M.D.

Address, 809 N Charles St

Remarks,

1 8 9 8 0 0 0 0 5 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...ter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89768

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 27, 1898

4. *Place of Birth, (Street and Number)* 187 Penna Ave

5. *Full Name of Mother,* Linda Wells

6. *Mother's Maiden Name,* Linda Rodamer

7. *Mother's Birthplace,* Pennsylvania

8. *Full Name of Father,* S. Neville Wells

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, C Urban Smith MD

Address, 170 Druid Hill Ave

Remarks,

1898000510

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as any such person or persons who shall hereafter fail to comply with t... other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 89764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12nd
1. *Sex, (state whether male or female)*	Male, HERBERT JOSEPH
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 27th 1898
4. *Place of Birth, (Street and Number)*	1804 E Monument St-
5. *Full Name of Mother,*	Caroline Hasler
6. *Mother's Maiden Name,*	Caroline (Gellinger) BETTERMAN
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Anton Hasler
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr. Joseph Buch
Address,	1051 Augusta St-
Remarks,	

8980000511

Wm. J. C. Dulany Co., City Printers and Stationers.

A attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 28th 1898
4. *Place of Birth, (Street and Number)* 1034 Stockton St
5. *Full Name of Mother,* Maggie Lee
6. *Mother's Maiden Name,* Maggie Brown
7. *Mother's Birthplace,* Prince George Co
8. *Full Name of Father,* Charles Lee
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Prince George Co

Name of Medical Attendant, or other person who makes this Return, Francis Walker

Address, 809 Parrish Alley

Remarks,

8 9 8 0 0 0 0 5 1 2

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

89766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 31 st 1895

4. Place of Birth, (Street and Number) 2220 Orleans St

5. Full Name of Mother, Margarite Hunzelmann

6. Mother's Maiden Name, Margarite Kiedy

7. Mother's Birthplace, Ballo Md

8. Full Name of Father, George Hunzelmann

9. Father's Occupation Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, P. G. Daesch

Address, 1731 E Baltimore St

Remarks,

8 9 8 0 0 0 0 5 1 3

Wm. J. C. Dulany Co., City Printers and Stationers

...shall become the duty of the person or parents of such ...ance upon the mother, immediately thereafter. It shall ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3
1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1705 Central Ave. 1898
4. *Place of Birth, (Street and Number)* 29 Lebanon January
5. *Full Name of Mother,* Madeleine Schwarzer
6. *Mother's Maiden Name,* = Linhart
7. *Mother's Birthplace,* Germanie
8. *Full Name of Father,* Simon Schwarzer
9. *Father's Occupation* Shoemacher
10. *Father's Birthplace,* Germ.
11. *Name of Medical Attendant,* or other person who makes this Return, Anna Walter
12. *Address,* 928 N Central Av.
13. *Remarks,*

8980000514

Wm. J. C. Dulany Co., City Printers and Stationers.

...ge manner and within the period above required, and ...ply with the provisions of this section shall be sub... covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted]. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 31 January 1898
4. Place of Birth, (Street and Number) 1035 Central Av.
5. Full Name of Mother, Sophie Thenze
6. Mother's Maiden Name, = Muller
7. Mother's Birthplace, Balt.
8. Full Name of Father, Mathias Thenze
9. Father's Occupation =
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Cent. Av.

Remarks,

8 9 6 8 0 0 0 5 1 5

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 89769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. *Sex,* (*state whether male or female*)
2. *Race or Color,* ~~(white or not of the white race)~~ Col'd
3. *Date of Birth,* Jan. 25, 1898.
4. *Place of Birth,* (*Street and Number*) 875 Fraderick Ave.
5. *Full Name of Mother,* Jane L. Clark
6. *Mother's Maiden Name,* " " Waters.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Edw. J. Clark
9. *Father's Occupation,* Teacher
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, R. Edw. Magruder.

Address, 922 Madison Ave.

Remarks,

8980000516

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 89770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, ~~*(state whether 1st, 2d, 3d, &c.)*~~

1. *Sex,* ~~*(state whether male or female)*~~
2. *Race or Color* ~~*(if not of the white race)*~~
3. *Date of Birth,* June 28, 1898.
4. *Place of Birth (Street and Number)* 708 E Dromont St.
5. *Full Name of Mother,* Martha Cooper
6. *Mother's Maiden Name,* Martha Banks
7. *Mother's Birthplace,* East Dover
8. *Full Name of Father,* James Cooper
9. *Father's Occupation* Waiter.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, D. Elw. Magruder.

Address, 923 Madison

Remarks,

8980000517

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 89771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~white or not of the white race~~) Col
3. Date of Birth, Jan. 28 1895.
4. Place of Birth, (Street and Number) 1005 Park Ave
5. Full Name of Mother, Jane Brunelle
6. Mother's Maiden Name, Jane Campbell
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jas. Perley Brunelle
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, N. Edw. Magruder

Address, 922 Madison Ave

Remarks,

8 9 8 0 0 0 0 5 1 8

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 89772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 January 1898

4. Place of Birth, (Street and Number) 2410 Kanawha

5. Full Name of Mother, Anete Caures

6. Mother's Maiden Name, Anete Henderson

7. Mother's Birthplace, Baltimore MD

8. Full Name of Father, Danjel Caures

9. Father's Occupation

10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

1 8 9 8 0 0 0 0 5 1 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 89773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 January 1898
4. *Place of Birth, (Street and Number)* 503 Washington St
5. *Full Name of Mother,* Annie Tentau
6. *Mother's Maiden Name,* Annie Eckstorm
7. *Mother's Birthplace,* Baltimor M.D
8. *Full Name of Father,* Johan Tentau
9. *Father's Occupation* Makner
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washinglon St

Remarks,

8 7 8 0 0 0 0 5 2 0

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 89774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* White

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jany. 5 98

4. *Place of Birth, (Street and Number)* 2 h 5 Clement ad

5. *Full Name of Mother,* Mary a. Mamore

6. *Mother's Maiden Name,* " " Arthur

7. *Mother's Birthplace,* B. C.

8. *Full Name of Father,* John E. Mamore

9. *Father's Occupation* R.R. Employe

10. *Father's Birthplace,* B. C

Name of Medical Attendant, or other person who makes this Return, G. L. Wilkins

Address, E. H. Bray.

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8980000521

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 89775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* January 15th 1894

4. *Place of Birth, (Street and Number)* 214 Bury

5. *Full Name of Mother,* Theresa Franke

6. *Mother's Maiden Name,* Huber

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Louis Franke

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Clara Burdick

Address, 214 Bury St.

Remarks.

1898 0000522

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. ~~90436~~ 89776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Liv

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, January 7th 1895

4. Place of Birth, (Street and Number) 2019 Fleet St.

5. Full Name of Mother, Annie O'Brien

6. Mother's Maiden Name, Kurchinski

7. Mother's Birthplace, Russian Poland

8. Full Name of Father, Joseph O'Brien

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Anna Burdett

Address, 1911 Fleet St

Remarks, 1 8 9 8 U 0 0 0 5 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

the duty of the person or parents of such
and within the period above required, and
provisions of this section shall be sub-
other fines and forfeitures are recoverable.
child to report its birth to the Commissioner of Health, comply with the manner
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to be recovered as other

GIVEN NAME ADDED 7-12-57

RETURN OF A BIRTH A. 89777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Infant~~ Ruth Burkhart Frager 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 19 1898

4. Place of Birth, (Street and Number) 521 N. Chester

5. Full Name of Mother, Maggie C. Frager

6. Mother's Maiden Name, Burkhart

7. Mother's Birthplace, Altoona, Pa

8. Full Name of Father, Wm. Frager

9. Father's Occupation Merchant

10. Father's Birthplace, Pa. U.S.A. Williams

Name of Medical Attendant, or other person who makes this Return, C. M. Bunn

Address,

Remarks,

8 7 8 0 0 0 0 5 2 4

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 89778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 17 98
4. Place of Birth, (Street and Number)	1432 Harford Ave
5. Full Name of Mother,	Lena Hopkins
6. Mother's Maiden Name,	Rosenberger
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Morris Hopkins
9. Father's Occupation	Wagon Driver
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	M. B. Billingslea
Address,	1206 E. Baltimore St
Remarks,	

1898 00000525

child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 89779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 89779

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 16-98

4. Place of Birth, (Street and Number) 2127 Calvertun Road

5. Full Name of Mother, Minnie L. D. Anthony

6. Mother's Maiden Name, Seiple

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Milton C. Anthony

9. Father's Occupation Book Keeper

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, The above date is correct. Return overlooked at the time

1898 0 0 0 0 5 2 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 5/22/74

36.]

RETURN OF A BIRTH A.8

A-89780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Schwarz~~ Marie Hannah Fourth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 7 1898.
4. Place of Birth, (Street and Number)	69 Belair Rd.
5. Full Name of Mother,	Annie E. Solomon
6. Mother's Maiden Name,	Saber
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John C. Solomon
9. Father's Occupation	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	J. W. Seldner
Address,	8 9 8 0 8 6 0 5 2 7 1898 Govans P.O.
Remarks,	

...rd day of each and every month to the office of the Commissioner of ... certificate between the first and ... physician or practicioner of midwifery, ... the birth of any child ... thereafter it shall become the ... manner and ... case no other person ... of such ... Health, in the ... of such ... or should no or parent, ... the person above ... fail to comply with the ... shall ... be sub- ... ence, to be recovered as other fines and forfeitures ... dollars ... ten (10) dollars ... fine of ten (10) dollars ... ...

A 89781

RETURN OF A BIRTH A 89

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 5th 98.
4. *Place of Birth, (Street and Number)*	1303 N. Eden St.
5. *Full Name of Mother,*	Sarah Mrsfnd Mefford
6. *Mother's Maiden Name,*	Annapolis Md
7. *Mother's Birthplace,*	Alonzo W. Mefford
8. *Full Name of Father,*	Fish & Crab D
9. *Father's Occupation*	Annapolis
10. *Father's Birthplace,*	J. W. Selmer Md
Name of Medical Attendant, or other person who makes this Return,	
Address,	1501 S Eutaw St
Remarks,	1898000528

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 89782

RETURN OF A BIRTH A.89...

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 9/98.

4. Place of Birth, (Street and Number) 918 N. Bolton St.

5. Full Name of Mother, Gustavia Irvin Spiring

6. Mother's Maiden Name, [redacted]

7. Mother's Birthplace, Balto City

8. Full Name of Father, Laurence A. Beck

9. Father's Occupation Baker

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, S. H. Selmer M.D.

Address, 1501 E Eager St.

Remarks, + 8980000529

Wm. J. C. Dulany Co., City Printers and Stationers.

A 89783

RETURN OF A BIRTH. A 89

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 16 98.

4. Place of Birth, (Street and Number) 1553 N Caroll St

5. Full Name of Mother, Josephine E Hetzel

6. Mother's Maiden Name, Krueger

7. Mother's Birthplace, Balto

8. Full Name of Father, Gustavus A Hetzel

9. Father's Occupation Milkman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S M Schluer

Address, 1501 E Eager St

Remarks, † 8980020530

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 89784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 11 1898
4. *Place of Birth, (Street and Number)* 1511 E Eager St.
5. *Full Name of Mother,* Ida E Brauer
6. *Mother's Maiden Name,* Lauer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles C Brauer
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, J. H. Feldmeier M. D.

Address, 1501 E. Eager St

Remarks,

1 8 9 8 U 0 0 0 5 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 89785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 5 1905

4. Place of Birth, (Street and Number) 604 E. Baltimore Ave.

5. Full Name of Mother, Caroline L. Kaumann

6. Mother's Maiden Name, Zinn

7. Mother's Birthplace, Germany.

8. Full Name of Father, Edward C. Kaumann

9. Father's Occupation Salesman

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, J. W. Selover M. D.

Address, 1501 E. Jager St.

Remarks, 8980000532

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

of all occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. A 89786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 25 / 98.
4. *Place of Birth, (Street and Number)* 1104 E Madison St
5. *Full Name of Mother,* Elizabeth Dailey
6. *Mother's Maiden Name,* Reinsfelder
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jeremiah C Dailey
9. *Father's Occupation* Furniture Dealer
10. *Father's Birthplace,* Phila Pa.

Name of Medical Attendant, or other person who makes this Return, S H Seldner M D.

Address, 1501 E. Eager St.

Remarks,

1898 0000533

RETURN OF A BIRTH A 89787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 21 98

4. Place of Birth, (Street and Number) 1767 Aisquith St

5. Full Name of Mother, Maggie Bergemeier Schmidt

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Fred K. Bergemeier

8. Full Name of Father, Laborer

9. Father's Occupation, Baltimore

10. Father's Birthplace, W B Rezin 2nd

Name of Medical Attendant, or other person who makes this Return, 900 E. Chase St.

Address,

Remarks, 8 9 8 U 0 0 0 5 3 4

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 89788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan. 14th 1898.

4. Place of Birth, (Street and Number) 403 Gilford Ave.

5. Full Name of Mother, Sarah C. Gilchrist

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Son Of Childs

8. Full Name of Father, Butcher

9. Father's Occupation Baltimore

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Jr Hartwell

Address, 815 Jefferson Ave.

Remarks, 1898 00000535

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 89792

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 1. 1898
4. *Place of Birth, (Street and Number)*	1105 Guilford Ave.
5. *Full Name of Mother,*	Emma B. Kapp
6. *Mother's Maiden Name,*	" " Gault
7. *Mother's Birthplace,*	Charleston, S. C.
8. *Full Name of Father,*	Edwin Victor Kapp
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	Jewelry. Penn'a.
Name of Medical Attendant, or other person who makes this Return,	Jos. A. Hartman M.D.
Address,	1121 N. Carolina St
Remarks,	

8 9 8 0 0 0 0 5 3 6

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 89793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 3d 1898

4. Place of Birth, (Street and Number) 639 Barre St

5. Full Name of Mother, Louise M Buschsding

6. Mother's Maiden Name, " " Walker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John M Buschsding

9. Father's Occupation Expressman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos M Lumpkin M.D.

Address, 602 S Paca St

Remarks,

8980000537

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

A 89794

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first state

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* January 6, 1898
4. *Place of Birth, (Street and Number)* 1410 E. Lombard St.
5. *Full Name of Mother,* Rebecka Florance Weinstein
6. *Mother's Maiden Name,* Rebecka Florance Katzen
7. *Mother's Birthplace,* Born in Russia
8. *Full Name of Father,* Aron Weinstein
9. *Father's Occupation* He keeps a dry goods store in Lonaconing
10. *Father's Birthplace,* Born in Russia.

Name of Medical Attendant, or other person who makes this Return, Girdie Katzen.

Address, 1123 Granby Street.

Remarks,

1 8 9 8 0 0 0 0 5 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 89795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 5. 1898

4. Place of Birth, (Street and Number) 1528 E. Preston St.

5. Full Name of Mother, Mary Magdalen Rossbach

6. Mother's Maiden Name, " " Eppley

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, J. August Rossbach

9. Father's Occupation Stove dealer & plumber

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, G A Hartman M.D.

Address, 1131 N. Caroline St.

Remarks,

8980000539

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 8996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11. 1895
4. Place of Birth, (Street and Number) 116 York road Wyandotte Ave.
5. Full Name of Mother, Fannie R. Jones
6. Mother's Maiden Name, " " Baker
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Chas. L. Jones
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Carlton St.

Remarks,

5980000540

Wm. J. C. Dulany Co., City Printers and Stationers.

A 89797

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 20. 1898
4. Place of Birth, (Street and Number)	1725 N. Broadway
5. Full Name of Mother,	Sarah Jane Colliver
6. Mother's Maiden Name,	" " Evans
7. Mother's Birthplace,	Columbus, Ohio
8. Full Name of Father,	Elwood Morrison Colliver
9. Father's Occupation	Marble Merchant
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. A. Hartman M.D.
Address,	1121 N. Carolina St.
Remarks,	

1898000541

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3/3/66 (Twin #3)

RETURN OF A BIRTH A 89798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Twin # 3: MARTIN EPPLE

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd & 4th (Twin)
1. Sex, (state whether male or female)	Male & Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 30. 1898
4. Place of Birth, (Street and Number)	1029 Fairmore Ave.
5. Full Name of Mother,	Mary Jane Epple
6. Mother's Maiden Name,	" " Clark
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Martin Nicholas Epple
9 Father's Occupation	Coachman
. Father's Birthplace,	Bayth. Md.
Name of Medical Attendant, or other person who makes this Return,	Jno. A. Hartman M.D.
Address,	1121 N Carlton St.
Remarks,	

1898 0000542

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 9799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 22nd 1898.

4. Place of Birth, (Street and Number) Broadway Ave. Towson

5. Full Name of Mother, Florence A.

6. Mother's Maiden Name, Leonhardt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John H. Scarborough

9. Father's Occupation Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. S. Harrold

Address, 815 Jefferson Ave.

Remarks,

1898 U 000543

after it shall become the duty of the person or per... attendance upon the mother, immediately thereafter it s... alth, in the manner and within the period above required, and... child to report its birth to the Commissioner of Health, in... l to comply with the provisions of this section shall be sub... any such person or persons who shall hereafter fail to co... jected to the fine of ten dollars for each offence, to be... e, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 84880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 24. 1895

4. *Place of Birth, (Street and Number)* 1314 E. Madison St.

5. *Full Name of Mother,* Emma Rumhoff

6. *Mother's Maiden Name,* " Bode

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Jno. Henry Rumhoff

9. *Father's Occupation* Asst. Supt. Metropolitan Life Ins. Co.

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.

Address, 1131 N. Caroline St.

Remarks,

8 y 8 0 0 0 0 5 4 4

child to report its birth to the ... Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

A 8980

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, Jan. 28th 1898.
5. Place of Birth, (Street and Number) Madison St. Roanoke
6. Full Name of Mother, Mary C. Leonhardt
7. Mother's Maiden Name, Davis
8. Mother's Birthplace, Balto.
9. Full Name of Father, Edward M. Leonhardt
10. Father's Occupation Wood-Worker
11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. S. Hutton M.D.

Address, 815 Jefferson Ave

Remarks,

1898U000545

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

84982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Willard Hartman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 29. 1898

4. Place of Birth, (Street and Number) 1111 N. Caroline St.

5. Full Name of Mother, Elizabeth J. Hartman

6. Mother's Maiden Name, " " Seidenstricker

7. Mother's Birthplace, Bath. Md.

8. Full Name of Father, Edward A. Hartman

9. Father's Occupation Deputy Collector of Taxes (Bath.)

10. Father's Birthplace, Bath. Md.

Name of Medical Attendant, or other person who makes this Return, Jul. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks, GIVEN NAME ADDED. 4-30-52

8980000546

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 29, 1895

4. Place of Birth, (Street and Number) 2243 E. Biddle St.

5. Full Name of Mother, Anna Kunigunda Parlett

6. Mother's Maiden Name, " " Eigner

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Lieut. Henry Parlett

9. Father's Occupation Patrolman

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

1898000547

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 87804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 31/98
4. Place of Birth, (Street and Number) 303 Lexington St
5. Full Name of Mother, Ella M Cole (nee Linton)
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, James A. Cole
8. Full Name of Father, Carpenter
9. Father's Occupation
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos McLaughlin M.D.

Address, 602 S. Paca St.

Remarks,

1898 00005548

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH A 59305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 & 2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Tohidi
3. *Date of Birth,*	Jany 31 & 2 1898.
4. *Place of Birth, (Street and Number)*	No 2 Finges Lane
5. *Full Name of Mother,*	Mary A.
6. *Mother's Maiden Name,*	J Sheehey
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Joseph G. Milchenstein
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who make this Return,	Jr Hartwig
Address,	815 Jefferson Ave
Remarks,	

1898 000549

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately after the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

a89806

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

According to Article 23, Section 7.

of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
whether male or female)	male - Victor Hamilton.
olor, (if not of the white race)	white -
Birth,	Jan 10 - 1898.
Birth, (Street and Number)	1127 McCulloh -
e of Mother	Emilie B - Hamilton.
Maiden Name	Emilie Brandon
Birthplace	Md -
e of Father	William Hamilton
Occupation	clerk
Birthplace	Md -
Medical Attendant, or other person who makes this Return,	Chas Bell Brewster M.D.
	1027 Madison Ave

HEALTH DEPARTMENT JUL 1 1898 BALTIMORE MD

8980000550

RETURN OF A BIRTH. a 89807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Name of child,* Ida Levy
2. *Sex, (state whether male or female)* Female.
3. *Race or color, (if not of the White Race)* White
4. *Date of Birth* January 12th 1898
5. *Place of Birth, (Street and number)* 100 E. Fayette Street
6. *Full name of Mother,* Maria Levy
7. *Mother's Maiden Name,* Maria Marcus
8. *Mother's Birthplace,* Sweden.
9. *Full name of Father,* Julius Levy
10. *Father's Occupation,* Peddling Optician.
11. *Father's Birthplace,* Sweden.

Name of Medical Attendant, or other person who makes this Return, Aspect Lippard Md.

Address, 1121 East Baltimore

Remarks,

HEALTH DEPT. MAR 14 1898 BALTIMORE

Shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

0 0 0 5 5 1

RETURN OF A BIRTH. 89811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

o. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February First 1898
4. *Place of Birth, (Street and Number)*	Balto. Ramsay St. 421
5. *Full Name of Mother,*	Mrs. Kate Burchart
6. *Mother's Maiden Name,*	Mrs Kate Snyder
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Edward B Burchart
9. *Father's Occupation*	Box Maker
Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Bauge
Address,	711 Bross St
Remarks,	

18980000552

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

89812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	boy
2. Race or Color, (if not of the white race)	
3. Date of Birth,	1 February 1898
4. Place of Birth, (Street and Number)	909 Valley st
5. Full Name of Mother,	Anna Riplin
6. Mother's Maiden Name,	Silberzahn
7. Mother's Birthplace,	Ball.
8. Full Name of Father,	Henri F. Riplin
9. Father's Occupation	—
Father's Birthplace,	Ball.
Name of Medical Attendant, or other person who makes this Return.	Anna Walder
Address,	928 N Central Av.
Remarks,	

...ed in the manner and within the period above required, and ... comply with the provisions of this section shall be sub... be recovered as other fines and forfeitures are recoverable.

...ail to report its birth ... Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten ($10) dollars for each offence, to be recov...

...s. J. C. Dulany Co., City Printers and Stationers.

MSA 8 Y 8 U 0 0 0 0 5 5 3

RETURN OF A BIRTH. 89818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feby 1st 1898
4. Place of Birth, (Street and Number) 1111 S Carey St.
5. Full Name of Mother, Maggie Theresa Welsh
6. Mother's Maiden Name, Spearman
7. Mother's Birthplace, Balto.
8. Full Name of Father, James Joseph Welsh
9. Father's Occupation Horseshoer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, H. W. Weber M.D.

Address, 723 W. Lombard St.

Remarks,

1898 0000554

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Thomas Reed Diver

2. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* II

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Febr. 1/98

4. *Place of Birth, (Street and Number)* 14 S. Wolf St.

5. *Full Name of Mother,* Maggie Diver

6. *Mother's Maiden Name,* M. Kearney

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Charles Diver

9. *Father's Occupation* Motorman

Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhaus

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

1898 0000555

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

CERTIFICATE CORRECTED 3-24-52

RETURN OF A BIRTH. 89815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Marie Estella ~~Mc~~ Farland 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 1st Feb 1898
4. Place of Birth, (Street and Number) 117 So Barney St
5. Full Name of Mother, Mary Ann Pharon McFarland
6. Mother's Maiden Name, Wright
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jolen Ann Pharon McFarland
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yerwell

Address, 66'0 E Fort ave

Remarks,

8 9 8 0 0 0 0 5 5 6

The undersigned is required by law to report to the Commissioner of Health the birth of any child which may occur in the family, or in any house of which he is the head, or in any institution of which he is the principal officer, or in any case in which he may become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Feb 1 98

4. *Place of Birth, (Street and Number)* 1926 Hoffman Ave

5. *Full Name of Mother,* Walburga Eppenbaud

6. *Mother's Maiden Name,* Pfeil

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Fred Eppenbaud

9. *Father's Occupation* Tailor

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walbert

Remarks,

8980000557

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3rd A 89817

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, ~~Stump~~ Feby 1st 98

4. Place of Birth, (Street and Number) 2616 Mary St.

5. Full Name of Mother, Rosa Cauthorne

6. Mother's Maiden Name, Rosa Taylor

7. Mother's Birthplace, Virginia

8. Full Name of Father, James Cauthorne

9. Father's Occupation Motorman

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Thomas F. Talbott M.D.

Address, 2505 Round Ave

Remarks,

8980022558

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ... dollars for each offence, to be recovered as other fines ... forfeitures are recoverable.

RETURN OF A BIRTH.

89818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 89818

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 1/98
4. *Place of Birth, (Street and Number)*	293 Roland Ave
5. *Full Name of Mother,*	Kate Brown
6. *Mother's Maiden Name,*	A Caldwell
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Augustus Brown
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto Co
Name of Medical Attendant, or other person who makes this Return,	Dr A E Hunt Med
Address,	102 Chestnut Ave
Remarks,	

8 9 8 0 0 0 0 5 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 89819

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 1. 1898.
4. *Place of Birth, (Street and Number)*	Fookes St No 1148.
5. *Full Name of Mother,*	Mary Kuman
6. *Mother's Maiden Name,*	Mary ~~Hoffman~~ Kuman
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Patrick Kuman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliz
Address,	619. Luca St
Remarks,	

8 9 8 0 0 0 0 5 6 0

Wm. J. C. Dulany Co., City Printers and Stationers

...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF BIRTH. 89820

GIVEN NAME ADDED, 6-4-62

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Sophia Emma Baquol 4th

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 1st 1898
4. *Place of Birth, (Street and Number)* 128 N. Front St
5. *Full Name of Mother,* Sophia Baquol.
6. *Mother's Maiden Name,* " Myers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas J Baquol.
9. *Father's Occupation* Confectioner
10. *Father's Birthplace,* New York.

Name of Medical Attendant, or other person who makes this Return, H. J. Carrick. M.D.

Address, 1204 Madison Ave

Remarks,

8 9 8 2 0 0 0 0 5 6 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH,

89821

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Feby 1 1898
4. *Place of Birth, (Street and Number)*	1383 N. Woodyear St
5. *Full Name of Mother*	Rachel Boring
6. *Mother's Maiden Name*	Bauer
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Henry Boring
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	C M Lewis MD
Address	1220 Linden Ave
Remarks	Full name of child - Milton Lewis Boring

name of the mother of such child or children.

8980000562

RETURN OF A BIRTH. 89822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 1st, 1898
4. *Place of Birth, (Street and Number)* 1631 N. Spring St.
5. *Full Name of Mother,* Eva Ampacher
6. *Mother's Maiden Name,* Eva Trump.
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Elmer E. Ampacher
9. *Father's Occupation* N.C.R.R. Road Employee
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S.W. Cor. Calvert & Preston Sts.

Remarks,

L 8 9 8 U 0 0 0 5 6 3

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 1st 1898
4. *Place of Birth, (Street and Number)* 1069 Low St
5. *Full Name of Mother,* Amy Ladenberg
6. *Mother's Maiden Name,* [redacted] Einstein
7. *Mother's Birthplace,* Russia Lublin State
8. *Full Name of Father,* Hyman Ladenberg
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Russia Lublin

Name of Medical Attendant, or other person who makes this Return, H. Flinder M. D.

Address, 143 N. Front St

Remarks,

8 9 8 U 0 0 0 5 6 4

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 1st 98
4. *Place of Birth, (Street and Number)*	1431 Hoffbrook St.
5. *Full Name of Mother,*	Mary Quinn
6. *Mother's Maiden Name,*	" Gaynip
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	J. F. Quinn
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	J H Robinson M.D.
Address,	120 E. Preston St
Remarks,	

8980000565

Attendance upon the mother, immediately after the birth of a child, in the manner and within the period above required, and to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 89825

26.]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	1 February 1898
4. *Place of Birth, (Street and Number)*	197 N. Pete St.
5. *Full Name of Mother,*	Emma Huber
6. *Mother's Maiden Name,*	Karisfe
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Huber
9. *Father's Occupation*	Tinner
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Asst. Mgr.
Address,	1321 Hurst St.
Remarks,	

conferred) its sex, color, the full name and occupation of its p
in the form of a certificate between the first and
sioner of Health. In case the birth of any child
r of midwifery, or should no other person be in
d day of each and every month to the office of the Commissioner
schedule shall be delivered, duly signed by the practitioner or
l occur without the attendance of a physician or practitioner of
ecome the duty of the person e
manner and within the period a
with the provisions of this sec
dance upon the Commissioner of Health, in the manner required, and
ly thereafter it shall become
shall be sub-
d to report its birth to the Commissioner of Health, in the manner
ly thereafter fail to comply with the
such person or persons who shall
ed to the fine of ten (10) dollars for each offence, to be recovered as
red as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

A 89825

96.]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 February 1898
4. *Place of Birth, (Street and Number)* 797 St. Peter St.
5. *Full Name of Mother,* Emma Huber
6. *Mother's Maiden Name,* Marisfe
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Huber
9. *Father's Occupation* Miner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Asst. Mgr.

Address, 1321 Hull St.

Remarks, 1898000566

conferred) its sex, color, the full name and occupation of its father, the first and
the form of a certificate between the first and
oner of Health. In case the birth of any child
schedule shall be delivered, duly signed by the practitioner in the form
d day of each and every month to the office of the Commissioner of Health, or should no other person
of midwifery, or a physician or practitioner of midwifery, of the person or parents of such
come the duty of the person or parents required, and
ance upon the mother, immediately thereafter it shall become the duty of the Commissioner of Health, in the manner and within the period above required,
l occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such
ner and within the provisions of this section, and hereafter fail to comply with the
l to report its birth to the Commissioner of Health, in the manner and within the period above required,
such person or persons who shall thereafter fail to comply with the provisions of this section, shall be sub-
ed to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child 1825
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1 February 1898
4. *Place of Birth, (Street and Number)*	1819 S Charles St
5. *Full Name of Mother,*	Maggie Wade
6. *Mother's Maiden Name,*	Maggie Hughs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Wade
9. *Father's Occupation*	Engineer Ks
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	828 Light St
Remarks,	Darg Wd

8980000567

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 child 1898
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1 February 1898
4. *Place of Birth, (Street and Number)*	1125 Hilburn st
5. *Full Name of Mother,*	Ami A. Madgwick
6. *Mother's Maiden Name,*	Annie Hale Seitz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frederick Madgwick
9. *Father's Occupation*	Lumberman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1528 Light st
Remarks,	Spring Well

8 9 8 0 0 0 0 5 6 8

shall occur without the attendance of a physician or midwife, of which fact it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be submitted to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child 1898
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 February 1898
4. *Place of Birth, (Street and Number)*	1102 Hanover St
5. *Full Name of Mother,*	Mary Williams
6. *Mother's Maiden Name,*	Mary Ward
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Williams
9. *Father's Occupation*	Glass Blower
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Doing Well

8980000569

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Casper Weaver

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child 1828
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	2 February 1898
4. Place of Birth, (Street and Number)	13 West Hamburg St
5. Full Name of Mother,	Eliza Weaver (Weaver)
6. Mother's Maiden Name,	Eliza Fisher
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Washington Weaver (Weaver)
9. Father's Occupation	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Boots
Address,	1828 Light St
Remarks,	Carey Md

attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

84800009570

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately after birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 2nd 1898
4. *Place of Birth, (Street and Number)* Annie Vavšavič
5. *Full Name of Mother,* 516 S. Bethel St.
6. *Mother's Maiden Name,* Lachajcek
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* John Vavšavič
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Dull

Address, 856 S. Bond St.

Remarks,

8980000571

Wm. J. C. Dulany Co., City Printers and Stationers.

89831

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 2nd 1898
4. Place of Birth, (Street and Number) 824 Lanvale St.
5. Full Name of Mother, Mary Santarsky
6. Mother's Maiden Name, Secundarsky
7. Mother's Birthplace, Pole
8. Full Name of Father, John Santarsky
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pell

Address, 838 S. Bond St.

Remarks,

8980000572

attendance upon the mother, immediately after birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child 1898
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 February 1898
4. *Place of Birth, (Street and Number)*	1630 Charles St
5. *Full Name of Mother,*	Bertha Feeney
6. *Mother's Maiden Name,*	Bertha Sinks
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Owene Feeney
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Elza Banks
Address,	1828 Light St
Remarks,	Dairy Well

8 9 8 8 2 0 0 0 5 7 3

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored.

3. *Date of Birth,* 2nd of February 1898;

4. *Place of Birth, (Street and Number)* 111 Chestnut Street.

5. *Full Name of Mother,* Mary Jane Burton

6. *Mother's Maiden Name,* Mary Jane Adams.

7. *Mother's Birthplace,* Eastern Shore Maryland.

8. *Full Name of Father,* William Ho. Burton

9. *Father's Occupation* Farmer.

10. *Father's Birthplace,* Eastern Shore Maryland.

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 815 South Dallas Street.

Remarks, Doing well as can Expected.

8 7 8 0 0 0 0 5 7 4

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 2 1898
4. *Place of Birth, (Street and Number)* 826 Port St.
5. *Full Name of Mother,* Susan Smith
6. *Mother's Maiden Name,* Susan Eyrne
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Susan E. Smith

Address, 827 S. Canton Av.

Remarks,

6 7 8 0 0 0 0 5 7 5

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Mary Ann Biggs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 2 1894

4. Place of Birth, (Street and Number) 2442 Boston Ave.

5. Full Name of Mother, Anna Biggs

6. Mother's Maiden Name, Anna Keller

7. Mother's Birthplace, Balto.

8. Full Name of Father, George H. (~~Biggs~~) Biggs

9. Father's Occupation Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jno. L. Sexton

Address, Dr. 1 Caslon Sts.

Remarks,

8980000576

Wm. J. C. Dulany Co,. City Printers and Stationers.

Attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Feb. 2nd 1898.
4. *Place of Birth, (Street and Number)* 1504 E. Mulliken St.
5. *Full Name of Mother,* Sadie Draper
6. *Mother's Maiden Name,* Sadie Robinson
7. *Mother's Birthplace,* Eastern Shore Md.
8. *Full Name of Father,* Oliver Draper
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Del.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D

Address, Johns Hopkins Hospital

Remarks, Baltimore Md.

8 9 8 8 6 0 0 0 5 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-19-49

RETURN OF A BIRTH. 89887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catharine Mc Hale

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 2, 1898

4. Place of Birth, (Street and Number) No 155 Cuba St

5. Full Name of Mother, Annie Mchale

6. Mother's Maiden Name, Annie Mchale

7. Mother's Birthplace, Scotland

8. Full Name of Father, Michael Hunter Mc Hale

9. Father's Occupation Labor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr Ettel

Address, 155 Cuba St

Remarks,

8980000578

...ulany Co., City Printers and Stationers.

...on the mother, immediately thereafter it shall become the duty of the person or parents of such ...the manner and within the period above required, and ...mply with the provisions of this section shall be sub... ...recovered as other fines and ...ures are recoverable. ...ted to the fine of ten (10) dollars for each offence, to be

GI[redacted]UED 13-8-59

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Kathryn Mildred Wagner Sixth

1. Sex, (state whether male or female) Female A89838
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 2nd 1868
4. Place of Birth, (Street and Number) #723 Third Ave.
5. Full Name of Mother, Fannie E. Wagner.
6. Mother's Maiden Name, Knight
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm. Wagner
9. Father's Occupation
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, P. C. Norment M.D

Address, 920 Fulton Ave.

Remarks,

E78U000579

attendance upon the mother, immediately (hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 2d 1898
4. *Place of Birth, (Street and Number)* 225 Knox alley
5. *Full Name of Mother,* Hannah L. Schnell
6. *Mother's Maiden Name,* Kennett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Schnell
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks,

1 8 9 8 0 0 0 0 5 8 0

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2
2. *Sex, (state whether male or female)* Boy
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Feb 2 1898
5. *Place of Birth, (Street and Number)* 106 Durham St.
6. *Full Name of Mother,* Mary E Gilbert
7. *Mother's Maiden Name,* Mary E. Stout
8. *Mother's Birthplace,* Baltimore Md.
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Clara A. Price

Address, 929 Forest St

Remarks, All right

8980000581

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8[illegible]41

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 February 1898
4. Place of Birth, (Street and Number) 514 Bork St
5. Full Name of Mother, Dory Raciewicz
6. Mother's Maiden Name, D. Bokiow
7. Mother's Birthplace, Austrylie
8. Full Name of Father, Miky Raciewicz
9. Father's Occupation Laborer
10. Father's Birthplace, Austrylie

Name of Medical Attendant, or other person who makes this Return, Mary Regier

Address, 721 Low St

Remarks, Baltimore

1898000582

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89842

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

hild of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

, (state whether male or female) White

ce or Color, (if not of the white race)

te of Birth, February 2 1898

ce of Birth, (Street and Number) Balto. Co. Md.

ll Name of Mother, Laura Victoria Pattison

ther's Maiden Name, Laura Victoria Pattison

ther's Birthplace, Baltimore Co. Md.

ull Name of Father, Harry Pattison

r's Occupation Laborer

ther's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Pattison Mother

ddress,

Remarks,

8980000583

City Printers and Stationers

RETURN OF A BIRTH. 89848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To

No. of

1. Sex

2. Ra

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7. Mo

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10. at

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Feb 2, 1898
Place of Birth, (Street and Number)	626 E Balto St
Full Name of Mother,	Annie Ebrean.
Mother's Maiden Name,	" Chanen.
Mother's Birthplace,	Russia.
Full Name of Father,	Charles Ebrean.
Father's Occupation	Works at Furs,
Father's Birthplace,	Russia.
Name of Medical Attendant, or other person who makes this Return,	Mrs. E Lehrman.
Address,	9-2 Aisquith St
Remarks,	

8 9 8 U 0 0 0 5 8 4

Dulany Co., City Printers and Stationers.

Dulany Co.

GIVEN NAME ADDED 4-11-57

RETURN OF A BIRTH. 89824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Louise Ann ~~Hannah~~ Eccleston

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 2nd 1898
4. *Place of Birth, (Street and Number)* 1717 Bethel st Baltimore
5. *Full Name of Mother,* Carrie Eccleston
6. *Mother's Maiden Name,* Carrie Carbuck
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Asch Eccleston
9. *Father's Occupation* Plaster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M A Foster

Address, 1600 E Lanvale st

Remarks,

8980000585

Wm. J. C. Dulany Co., City Printers and Stationers.

...cate to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, February 2nd 1898

4. Place of Birth, (Street and Number) The Montreal, Mt Royal Avenue.

5. Full Name of Mother, May R. Frick

6. Mother's Maiden Name, May R. Wise

7. Mother's Birthplace, Brooklyn, N.Y.

8. Full Name of Father, John W. Frick

9. Father's Occupation, Special Agent. Fire Insurance

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Edith Wampler M.D.

Address, 1515 Park Avenue

Remarks,

8 9 8 0 0 0 0 5 8 6

Child to Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 89846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 3rd 1898

4. *Place of Birth, (Street and Number)* 1816 Pennsylvania Ave

5. *Full Name of Mother,* Annie R Siddel

6. *Mother's Maiden Name,* " " Streben

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Henry Siddel

9. *Father's Occupation* Hack Driver

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 827 W. Lexington St

Remarks,

8 9 8 4 6 0 0 0 5 8 7

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3 February 1896

4. Place of Birth, (Street and Number) 1320 Hull St

5. Full Name of Mother, Augusta Coleman

6. Mother's Maiden Name, " Schaefer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Coleman

9. Father's Occupation Tobacco.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Asst. Mefron

Address, 1321 Hull St.

Remarks,

8 9 6 U 0 0 0 5 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

5981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, February 3rd 1898

4. Place of Birth, (Street and Number) 21st N. 322 W 21st St

5. Full Name of Mother, Amanda McKenna

6. Mother's Maiden Name, Amanda Robinson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. C McKenna

9. Father's Occupation Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M F Fedley

Address, 1064 W. Lexington St

Remarks,

8 7 8 U 0 0 0 5 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child 1898
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	3 Febuary 1898
4. Place of Birth, (Street and Number)	6 E Lanvey St
5. Full Name of Mother,	Mary Shanny
6. Mother's Maiden Name,	Mary Cathil
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Shanly
9. Father's Occupation	Bailer maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs & Lya Brooks
Address,	824 Fifth St
Remarks,	Caring Mid

8980000590

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

59867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child of 1898
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	3 February 1898
4. Place of Birth, (Street and Number)	18 W Fort Ave
5. Full Name of Mother,	Rosa Green
6. Mother's Maiden Name,	Rosa Wiliguist
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Green
9. Father's Occupation	Fireman Bo
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mr Elza Brooks
Address,	828 Light St
Remarks,	Daing well

8980000591

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9
1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3 February 1898
4. *Place of Birth, (Street and Number)* 1009 Lanvale St
5. *Full Name of Mother,* Marie Zang Kirchner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ball
8. *Full Name of Father,* John Zang
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Ball
11. *Name of Medical Attendant, or other person who makes this Return,* Anna Walker
12. *Address,* 928 Park Central Av.
13. *Remarks,*

8980000592

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 3 1898

4. Place of Birth, (Street and Number) 2206 E Biddle

5. Full Name of Mother, Mary Dubbs.

6. Mother's Maiden Name, Kramer

7. Mother's Birthplace, Maryland

8. Full Name of Father, Christopher Dubbs.

9. Father's Occupation Carpenter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. Eblaugh

Address, 1705 Pine

Remarks,

B 98 U 000593

Chap. to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 February 1898
4. Place of Birth, (Street and Number) 524 Bond St
5. Full Name of Mother, Helen Zatezka
6. Mother's Maiden Name, H Kowalzka
7. Mother's Birthplace, Germany
8. Full Name of Father, Ignac Zatezki
9. Father's Occupation Teller
10. Father's Birthplace, Austrylie

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Aisquith St

Remarks, Baltimore

8988000594

Wm. J. C. Dulany Co., City Printers and Stationers.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4

1. Sex, (state whether male or ~~female~~) male
2. Race or Color, (~~if not of the white race~~) colored
3. Date of Birth, 3 Feb 1888 at ½ past 3 o'clock P.m
4. Place of Birth, (Street and Number) 808 Shuter street
5. Full Name of Mother, Emily J. Holmes
6. Mother's Maiden Name, Jackins
7. Mother's Birthplace, Baltimore city and
8. Full Name of Father, Wm. Henry Holmes
9. Father's Occupation add Gilt
10. Father's Birthplace, Havre de Grace, Md.

Name of Medical Attendant, or other person who makes this Return, Josephine Amos. Cooper

Address, 951 Chapel street

Remarks, mother and son are well

Balto city Md.

84800000595

Wm. J. C. Dulany Co., City Printers and Stationers.

...ter it shall become the duty of the person or parents of such ...mediately thereafter to ...ith, in the manner and within the period above required, and ...to the Commissioner of Health, in ...hereafter fail to comply with the provisions of this section shall be sub- ...persons who shall ...offence, to be ...Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

8980'5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb. 3d 1898
4. Place of Birth, (Street and Number) 447 Druid Hill Ave
5. Full Name of Mother, Mary Monroe
6. Mother's Maiden Name, Mary Monroe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Do not know
9. Father's Occupation, ...
10. Father's Birthplace, ...

Name of Medical Attendant, or other person who makes this Return, J. Marcus Garvin M.D.

Address, 430 W Druid St.

Remarks, ...

6 7 6 0 0 0 0 5 9 6

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...ician or practitioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or ...hereafter it shall become the duty of the person or parents of such ...attendance upon the mother immediately thereafter to report the ...Health, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in the manner ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

89866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Hilda Frieda

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 3rd 1898
4. Place of Birth, (Street and Number)	12 Hollins st
5. Full Name of Mother,	Doline Hering
6. Mother's Maiden Name,	Pauline Keller
7. Mother's Birthplace,	Sachsen Germany
8. Full Name of Father,	Frank Hering
9. Father's Occupation	Butcher
10. Father's Birthplace,	Sachsen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2008 McHenry st
Remarks,	

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

8 9 8 0 0 0 0 5 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

89857

RETURN OF A BIRTH.

GIVEN NAME ADDED. 7/24/6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Robert H. Paine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 3rd 1898
4. Place of Birth, (Street and Number)	1809 Thomas Ave
5. Full Name of Mother,	Mary Grace Paine (nee Horner)
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	John Alexander Paine
9. Father's Occupation,	Brush maker
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	John Girdwood M.D.
Address,	2021 North Ave W.
Remarks,	

8980000598

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

8985'8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner or midwife, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
2. *Sex, (state whether male or female)* Twins Males
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* Feb 3 1898
5. *Place of Birth, (Street and Number)* 928 S. Dallas St.
6. *Full Name of Mother,* Maggie Wingate
7. *Mother's Maiden Name,* Lunalwood
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* John Wingate
10. *Father's Occupation* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 927 E. Pratt St.

Remarks,

1898000005999

Wm. J. C. Dulany Co., City Printers and Stationers.

over)

89859

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: (MARGARETHA) ~~Margaretha~~ Schramm

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 3rd, 1898
4. *Place of Birth, (Street and Number)* #115 N. Madeira St.
5. *Full Name of Mother,* Mary Schramm
6. *Mother's Maiden Name,* Mary Peterson
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Adam Schramm
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hospital

Baltimore, Md.

Remarks,

8780000600

Wm. J. C. Dulany Co., City Printers and Stationers.

...ner practioner of midwifery, or should no other person be in ...r it shall become the duty of the person or parents of such ...h, in the manner and within the period above required, and ...o comply with the provisions of this section shall be sub- ...o be recovered as other fines and forfeitures are recoverable. ...jected to the fine of ten (10) dollars for each offence,

RETURN OF A BIRTH.

89860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~4th~~ 5th
1. *Sex, (state whether male or female)*	Male Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	~~Sept~~ 1898 Feb 3 1898
4. *Place of Birth, (Street and Number)*	353 Rose Alley
5. *Full Name of Mother,*	Mary Virginia Watts
6. *Mother's Maiden Name,*	Black
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Walter Watts
9. *Father's Occupation*	Porter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Emma Lane
Address,	622 Sarah Ann st
Remarks,	Baltimore Md.

8 7 8 U 0 0 0 6 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

89861

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 3rd 1898
4. Place of Birth, (Street and Number) 317 Lemmon st
5. Full Name of Mother, Jennie Clay
6. Mother's Maiden Name, Virginia Bridge Carroll Co
7. Mother's Birthplace, Thurston Clay
8. Full Name of Father, Oyster Snider
9. Father's Occupation Annapolis Md
10. Father's Birthplace, Louisa Lane

Name of Medical Attendant, or other person who makes this Return Sarah Ann St

Address, 622 J Baltimore Md.

Remarks,

8980000602

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

of the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it s
child to report its birth to the Commissioner of Health, in
any such person or perso
jected to the fine of ten (

RETURN OF A BIRTH.

89862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb. 3, 1898.

4. *Place of Birth, (Street and Number)* 427 Eden St.

5. *Full Name of Mother,* Nellie Frau

6. *Mother's Maiden Name,* " Dresner

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Harris Fein

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs E Scherman

Address, 42 Albemarle St

Remarks,

8 V 8 U 0 0 0 0 6 0 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Wht.

3. Date of Birth, Feby. 3/98

4. Place of Birth, (Street and Number) 2431 Ellins st.

5. Full Name of Mother, Mrs John O'Neal

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto.

8. Full Name of Father, John O'Neal

9. Father's Occupation Hubee Boss

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Edward Quick M.D.

Address, 2531 Penna Ave

Remarks,

8 7 8 U 0 0 0 6 0 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 3 1898.
4. *Place of Birth, (Street and Number)* No. 1725 Hanford ave
5. *Full Name of Mother,* Georgiana Penner
6. *Mother's Maiden Name,* Georgiana Anderson
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Charles Penner.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Blewell M.D.

Address, 1741 Hanford ave.

Remarks,

8 9 8 0 0 0 0 6 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The sixth -

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 3 1898
4. Place of Birth, (Street and Number) 1511 East Preston -
5. Full Name of Mother, Emma H. Burton
6. Mother's Maiden Name, Emma H. Bull.
7. Mother's Birthplace, Baltimore County -
8. Full Name of Father, Thomas W. Burton -
9. Father's Occupation Farmer -
10. Father's Birthplace, Baltimore County -

Name of Medical Attendant, or other person who makes this Return, Benj F Lowe MD in absence of Aguilar

Address, 1302 N Caroline

Remarks, Mother Bis nearly 48 & has had no child for 15 years

9800000606

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 4th 1898
4. Place of Birth, (Street and Number)	1707 Barnes Street
5. Full Name of Mother,	Mrs Lillie Barnes Pearce
6. Mother's Maiden Name,	Mrs Lillie Wilson
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Thomas L Pearce
9. Father's Occupation	Teamster
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Cordelia Howard
Address,	# 1010 N. Chapel Street.
Remarks,	

1898 U 000607

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 St.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 4. 1898
4. *Place of Birth, (Street and Number)*	2004 Park Ave
5. *Full Name of Mother,*	Mary M. Freise
6. *Mother's Maiden Name,*	Mary M. Creery.
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Henry T. Freise
9. *Father's Occupation*	Teacher.
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other person who makes this Return,	James C. Clarke
Address,	1701 Madison Ave.
Remarks,	Premature. Born 6½ month.

1898U000608

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 12 1901

4. *Place of Birth, (Street and Number)* 2034 Eutaw St

5. *Full Name of Mother,* Ella L. Brown

6. *Mother's Maiden Name,* Ella L. Walker

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Edgar L. Brown

9. *Father's Occupation* Car Maker

Father's Birthplace, Harve de Grace

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Dorsey

Address, 225 Cook St City

Remarks,

8980000609

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 4 98
4. Place of Birth, (Street and Number) 2207 Mulliken Ste.
5. Full Name of Mother, Kunigunde Stortz
6. Mother's Maiden Name, " Schmaltzer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Stortz
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

1898 U 000610

Wm. J. C. Dulany Co,. City Printers and Stationers.

Child to report to the Registrar of Births, &c., &c., &c. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-28-65

RETURN OF A BIRTH.

89870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rose Helen Graf

6. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* II
1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Febr. 4/98
4. *Place of Birth, (Street and Number)* 618 W. Madeira St.
5. *Full Name of Mother,* Magdalena Graf
6. *Mother's Maiden Name,* " Spangler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Graf
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dieterlen

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 7 8 0 0 0 0 6 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Failure to report as within the provisions of this section shall be subject to any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

b. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 4/98

4. Place of Birth, (Street and Number) 121 S. Bond St.

5. Full Name of Mother, Ellen Billmire

6. Mother's Maiden Name, Feldhaus

7. Mother's Birthplace, Baltr.

8. Full Name of Father, Geo. Billmire

9. Father's Occupation Police

Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 7 8 0 0 0 0 6 1 2

penalty.

...child to report its birth as herein required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 2-5-49

RETURN OF A BIRTH.

84872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~William August Carroll~~ 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex,* (state whether male or female) Male

2. *Race or Color,* (if not of the white race) White

3. *Date of Birth,* Feb 4 / 98

4. *Place of Birth,* (Street and Number) 1233 Bryant St

5. *Full Name of Mother,* ~~Mrs Helen Theresa~~ Anna Carroll

6. *Mother's Maiden Name,* Anna Kauser

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Thos Carroll

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. E. B. Ellenberg

Address, 11 N Carey St

Remarks,

+ 8980000613

attendance upon the mother, immediately after the birth, and within the period above required, and in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14th Oct 1878
4. *Place of Birth, (Street and Number)* No 1207 Garrett Ave. L P
5. *Full Name of Mother,* Lizzie Schmiedel
6. *Mother's Maiden Name,* " Franke
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Louis Schmiedel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaeffer

Address, No 1207 E. Garrett Ave. L. P.

Remarks,

8 9 8 0 0 0 0 6 1 4

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child 1898
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4 February 1898
4. *Place of Birth, (Street and Number)*	413 S Charles St
5. *Full Name of Mother,*	Kate Connors
6. *Mother's Maiden Name,*	Kate Slagle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Connors
9. *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs E Lyn Brooks
Address,	828 Light St
Remarks,	Darng Well

8980000615

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6a

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 4 1898
4. *Place of Birth, (Street and Number)* 1123 Carrollton Ave
5. *Full Name of Mother,* Annie Swartz
6. *Mother's Maiden Name,* Treadwell
7. *Mother's Birthplace,* Hartford Co Md.
8. *Full Name of Father,* Harry B. Swartz
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Hartford Co Md.

Name of Medical Attendant, or other person who makes this Return, John L Huck

Address, 647 W Lafayette Ave

Remarks,

8980000616

Wm. J. C. Dulany Co,. City Printers and Stationers.

Attention is hereby called to the fact that the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as

RETURN OF A BIRTH. 89876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, February 4th 1898

4. Place of Birth, (Street and Number) 115 S Callington Ave

5. Full Name of Mother, Maggie Trabert

6. Mother's Maiden Name, Maggie Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Trabert

9. Father's Occupation Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M Taylor

Address, 611 South Patterson Park Ave.

Remarks,

18980000617

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 89577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Black
3. *Date of Birth,* Feby 4th 1898
4. *Place of Birth (Street and Number),* 1323 Madison Ave
5. *Full Name of Mother,* Annie S. Matthews
6. *Mother's Maiden Name,* Annie Smith
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* John W. Matthews
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* West River Maryland

Name of Medical Attendant, or other person who makes this Return. D. Jerome Reinhardt M.D.

Address, 300 W. Lanvale St.

Remarks,

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

0 9 8 0 0 0 0 6 1 8

RETURN OF A BIRTH.

89878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	4th of February 98
4. Place of Birth, (Street and Number)	309 Bentalou St.
5. Full Name of Mother,	Katie Bonhss
6. Mother's Maiden Name,	Katie Hittel
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Georg Bonhss
9. Father's Occupation	Laber
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	216 W. Pratt St
Remarks,	

8980000619

Every person required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Name Donald Harry Vincent Skipper

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 4th 1898
4. Place of Birth, (Street and Number) #1833 Valley St.
5. Full Name of Mother, Edna Skipper
6. Mother's Maiden Name, Baggman
7. Mother's Birthplace, Maryland
8. Full Name of Father, Fielding Skipper.
9. Father's Occupation Briler maker.
10. Father's Birthplace, Maryland
11. Name of Medical Attendant, or other person who makes this Return, R. B. Norment M.D
12. Address, 321 Falls Road
13. Remarks,

8786 0 0 0 6 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 4 1898
4. Place of Birth, (Street and Number) 834 Hanover Street.
5. Full Name of Mother, Minnie Albert.
6. Mother's Maiden Name, " " Schwesmus.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Charles Albert
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return, Mrs M Yaush
12. Address, 210 Leadenhall Street.
13. Remarks,

1898 0000621

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co,. City Printers and Stationers.

8988

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Feb. 4th 1898
4. *Place of Birth, (Street and Number)* 907 McDonogh St.
5. *Full Name of Mother,* Laura Dennis
6. *Mother's Maiden Name,* Laura Bennet
7. *Mother's Birthplace,* St. Mary's Co. Md
8. *Full Name of Father,* George Dennis
9. *Father's Occupation* Lab.
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp. Baltimore Md

Remarks,

8 9 8 8 0 0 0 0 6 2 2

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89882

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 2/4 98
4. *Place of Birth, (Street and Number)* 524 Orchard St
5. *Full Name of Mother,* Lucie Lee Holmes
6. *Mother's Maiden Name,* Va
7. *Mother's Birthplace,* Ruby Lee
8. *Full Name of Father,* Lab.
9. *Father's Occupation* Va.
10. *Father's Birthplace,* M. P. Todd

Name of Medical Attendant, or other person who makes this Return, Md. Gen Hosp

Address,

Remarks,

† 8980000623

Wm. J. C. Dulany Co., City Printers and Stationers.

...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 4th 1898
4. *Place of Birth, (Street and Number)* 1213 East Preston St
5. *Full Name of Mother,* Mollie J. Kerndl
6. *Mother's Maiden Name,* " " Herzog
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry G. Kerndl.
9. *Father's Occupation* Scourer
10. *Father's Birthplace,* Md
11. *Name of Medical Attendant,* or other person who makes this Return William H. Williams M.D.
12. *Address,* 5 E. Biddle St
13. *Remarks,*

8 9 8 8 0 0 0 6 2 4

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89884

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Feb 4th 98.
4. Place of Birth, (Street and Number) 2007 Callow Ave.
5. Full Name of Mother, Jamie Richardson Lederer.
6. Mother's Maiden Name, Jamie Lincoln Lederer.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Henry Andrew Lederer.
9. Father's Occupation Grain Commission merchant.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Robt D. Wilson M.D.

Address, 526 Park Ave.

Remarks,

18980000625

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 4 — 1898
4. *Place of Birth, (Street and Number)* C. M. Ross St.
5. *Full Name of Mother,* Emma Storm
6. *Mother's Maiden Name,* Drellenberg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustav A. Storm
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

8788000006 26

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 4 1898
4. *Place of Birth, (Street and Number)* 1704 Milliman St.
5. *Full Name of Mother,* Sarah Castkins
6. *Mother's Maiden Name,* Sarah Hall
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John Castkins
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Annie Forrest

Address, 1016 ½ Chapple Street.

Remarks,

1898000627

lth, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in any such person or persons who shall hereafter fail to com-

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 5th 1897
4. *Place of Birth, (Street and Number)* 914 Bond st
5. *Full Name of Mother,* Alice Brown
6. *Mother's Maiden Name,* Alice Watkins
7. *Mother's Birthplace,* Hagerstown Md
8. *Full Name of Father,* William Brown
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other person who makes this Return, Dr. Parrish

Address, 871 Bond st.

Remarks,

1 8 9 8 0 0 0 0 6 2 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 39888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 6th February 1898
4. Place of Birth, (Street and Number) 450 Gaylor Stockton st
5. Full Name of Mother, Ida Fitzhugh
6. Mother's Maiden Name, Ida Brisco
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George A. Fitzhugh
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return, Anna A Carnish

Address, 871 Boyd st

Remarks,

1 8 9 8 0 0 0 0 6 2 9

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 5th inst 1899
4. Place of Birth, (Street and Number) 1218 N Durham St
5. Full Name of Mother, Maggie Mann
6. Mother's Maiden Name, Maggie King
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John E Mann
9. Father's Occupation Laundryman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Henry E Bier

Address, 1630 Ashland ave

Remarks, Healthy Child

1898 0000630

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd
1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Feb 5 = 1898
4. *Place of Birth, (Street and Number)* 1830 Hanover Street
5. *Full Name of Mother,* Katie E Reid
6. *Mother's Maiden Name,* Katie E Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Franklin Reid
9. *Father's Occupation* Fireman B&O RR
10. *Father's Birthplace,* Harpers Ferry W Va
11. *Name of Medical Attendant, or other person who makes this Return,* Mrs Minnich
12. *Address,* 807 Leadenhall Street
13. *Remarks,*

8 9 8 0 0 0 0 6 3 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 5 of February 1895
4. Place of Birth, (Street and Number)	1904 N. Bethel St.
5. Full Name of Mother,	Kate Lutz
6. Mother's Maiden Name,	Kate Birkmeier
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Lutz
9. Father's Occupation,	Jailor
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Lelia Lauer
Address,	No 1057 Harford Ave
Remarks,	Bal. Md.
	1895

8 7 8 0 0 0 0 6 3 2

The Mother and Midwife or Physician in attendance upon the birth of any child are hereby required to report its birth to the Commissioner of Health, at the office above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Feb. 5, 1898
4. Place of Birth, (Street and Number)	413 W Biddle st
5. Full Name of Mother,	Mary Lena Richardson
6. Mother's Maiden Name,	Mary Lena Washington
7. Mother's Birthplace,	Lancaster Va.
8. Full Name of Father,	Harry E Richardson
9. Father's Occupation	Labrer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Miss Lucy Ashton (nurse)
Address,	Provident Hospital 413 Biddle st.
Remarks,	

1898U000633

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 5 1898
4. Place of Birth, (Street and Number) 3 Harrison st Homestead
5. Full Name of Mother, Jane Lebo
6. Mother's Maiden Name, L. Mumma
7. Mother's Birthplace, Ind
8. Full Name of Father, Jacob Lebo
9. Father's Occupation Carpenter
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Dr Mary Hurlbut M.D.

Address, 237 Goodrich ave

Remarks, 1898 0000634

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89894

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th of January 98

4. Place of Birth, (Street and Number) 308 W. Lombard St.

5. Full Name of Mother, Lidia Fritsch

6. Mother's Maiden Name, Lidia Folck

7. Mother's Birthplace, Germany

8. Full Name of Father, Karl Fritsch

9. Father's Occupation Pastor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 216 N Pratt St

Remarks,

1898 00 00635

Wm. J. C. Dulan Co., City Printers and Stationers.

Note.—Notice upon the Commissioner of Health, in the manner and within the period above required, and Child to report its birth to the Commissioner of Health, in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-26-64

RETURN OF A BIRTH. 89896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Annie Rhea Hoch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of Februar 95
4. Place of Birth, (Street and Number) 104 N Monroe Anna Hoch
5. Full Name of Mother, Anna Hoch Anna Philippe
6. Mother's Maiden Name, Anna Philippe
7. Mother's Birthplace, Balte
8. Full Name of Father, Georg Hoch
9. Father's Occupation Tailor
10. Father's Birthplace, Balte
11. Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife
12. Address, 216 N Pratt St
13. Remarks,

18780000636

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Feb 5th 1898
4. Place of Birth, (Street and Number)	706 Potter Ave. Hamilden
5. Full Name of Mother,	Caroline Bevan
6. Mother's Maiden Name,	Caroline Holmes
7. Mother's Birthplace,	Balt. Co. Md.
8. Full Name of Father,	Howard W. Bevan
9. Father's Occupation	Machinist
10. Father's Birthplace,	Balt. Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. H. Shower, M.D.
Address,	421 Roland Ave.
Remarks,	

8 9 8 0 0 0 0 6 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feby 5, 1898

4. Place of Birth, (Street and Number) No 3 N. Calhoun st

5. Full Name of Mother. Maggie E. Davis

6. Mother's Maiden Name, Wallis

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, George W. Davis

9. Father's Occupation Book Keeper

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Edward H Condon M.D.

Address, 1403 W Fayette st

Remarks,

6980000638

attendance upon ... her, immediately thereafter it shall become the duty of the person or parents of such ... child to report its b... the Commissioner of Health, in the manner and within the period above required, and any such person or ... who shall hereafter fail to comply with the ... ons of this section shall be subjected to the fine of t... dollars for each offence, to be recovered as ... es and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 2-17-66

RETURN OF A BIRTH.

89898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Beulah Christina Hopper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 5th 1898

4. Place of Birth, (Street and Number) 780 W. Hamburg St

5. Full Name of Mother, Mrs Barabara Wagner

6. Mother's Maiden Name, Miss Barabara Bleh

7. Mother's Birthplace, Dorsey Anne Arundel Co Md

8. Full Name of Father, Edward Fredrick Wagner

9. Father's Occupation Fire Insurance Salvage Corps

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, 716 Front St.

Remarks,

1898 0 0 0 0 6 3 9

attendance upon the mother, immediately thereafter it shall be the duty of the person in charge of such case to report in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

89899

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Living.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 Feb. 1878

4. Place of Birth, (Street and Number) 1013 Birmingham Alley.

5. Full Name of Mother, Blanche Pierce Riddle.

6. Mother's Maiden Name, Blanche Pierce Hamilton.

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, Lemuel Pierce

9. Father's Occupation Farmer

10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 711

Remarks,

8980000640

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 2-17-59

RETURN OF A BIRTH. 89900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Edith Prell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 5 1898.
4. *Place of Birth, (Street and Number)* No. 1637 Harford ave.
5. *Full Name of Mother,* Etta Prell
6. *Mother's Maiden Name,* Etta Emmert
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John A. ~~Prell~~ Prell
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. L. Blewett M.D.

Address, 1741 Harford ave

Remarks,

1898000641

. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 5 92
4. *Place of Birth, (Street and Number)* 1800 N. Duncan St
5. *Full Name of Mother,* Mary Magin
6. *Mother's Maiden Name,* Stalmic
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Thomas Magin
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1600 Baltimore St

Remarks,

1898U000642

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

89902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr 5/98
4. Place of Birth, (Street and Number) 216 S. Madeira St.
5. Full Name of Mother, Mary Schoenhof
6. Mother's Maiden Name, " Rubenstein
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Rubenstein
9. Father's Occupation Stevendore
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8 7 8 U 0 0 0 6 4 3

attendance upon the mother, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 5/98
4. Place of Birth, (Street and Number) 714 S. Madeira St.
5. Full Name of Mother, Antonia Klepareky
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Klepareky
9. Father's Occupation Laberer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

B 7 8 U 0 0 0 0 6 4 4

attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

CERTIFICATE CORRECTED 3-1-60

89904

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pauline Siewierski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 February 1898
4. Place of Birth, (Street and Number) 426 Fait St
5. Full Name of Mother, Anne ~~Louisa~~ Siewierski
6. Mother's Maiden Name, A ~~Hoska~~ Mopha
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank ~~Ludwig~~ Siewierski
9. Father's Occupation Schuhmaker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Mary Regier

Address, 721 Elm St

Remarks, Baltimore

1898000645

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Henry Frederick Machan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 5th 1898
4. *Place of Birth, (Street and Number)* 318½ E. Bond St.
5. *Full Name of Mother,* Katie Machan
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Henry Machan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St

Remarks,

1898000646

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 12-13-56

RETURN OF A BIRTH. 89906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ann Rosenfeld

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 5th 1898
4. Place of Birth, (Street and Number) 1214 E. Fayette St
5. Full Name of Mother, Rebecca Rosenfeld
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father Abraham Rosenfeld
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1898 00 000647

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

89907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 5 1898
4. Place of Birth, (Street and Number) 1040 W Fayette St
5. Full Name of Mother, Sarah H. Auer
6. Mother's Maiden Name, Sarah H. Wells
7. Mother's Birthplace, St. Mary's Co Maryland
8. Full Name of Father, William F. Auer
9. Father's Occupation, Teacher of Dancing
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Theresa A Smith

Address, 47 S. Poppleton St Nurse

Remarks, Colored

8 9 8 0 0 0 0 6 4 8

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 89908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 6th 1898
4. *Place of Birth, (Street and Number)* 2212 Eastern Ave
5. *Full Name of Mother,* Sarah Louisa Witter
6. *Mother's Maiden Name,* Sarah Louisa Hemrick
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Adam Witter
9. *Father's Occupation* ~~Labor~~ Stevedore
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, 611 S. Patterson Park Ave

Remarks, 8 9 8 0 0 0 0 6 4 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sunday Feb 6th 1898

4. Place of Birth, (Street and Number) 937 W. Mulberry St.

5. Full Name of Mother, Catherine Schneider

6. Mother's Maiden Name, Catherine Heubner

7. Mother's Birthplace, Baltimore City Md.

8. Full Name of Father, Conrad Schneider

9. Father's Occupation Butcher

10. Father's Birthplace, Marburg Germany

Name of Medical Attendant, or other person who makes this Return, Mary A Dudley

Address, 1004 N. st Lexington St

Remarks,

8 9 8 0 0 0 0 6 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89910

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] Mother, (state whether 1st, 2d, 3d, &c.) First

whether male or female) Male

lor, (if not of the white race) White

Birth, February 10 6 1898

irth, (Street and Number) 217 Lakeside Road 10.15

e of Mother, Rosa Zolinsky

Maiden Name, Rosa Lunsky

irthplace, Russia

e of Father, Joseph Zolinsky

ccupation Retail

Birthplace, New York

Medical Attendant, or other person who makes this Return. Mrs Rosa Zolinsky

8 9 8 0 0 0 0 6 5 1

ers and Stationers.

RETURN OF A BIRTH.

89911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 6 1898
4. Place of Birth, (Street and Number) 402 Pharrat st
5. Full Name of Mother, Rachel Comarovitz
6. Mother's Maiden Name, Abramson
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Comarovitz
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finebury

Address, 2 S Lloyd St

Remarks, 8980000652

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89912

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 6 1898
4. *Place of Birth, (Street and Number)* Within at 97
5. *Full Name of Mother,* Catharine Rosenbusch
6. *Mother's Maiden Name,* Catherine Rabe
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Rosenbusch
9. *Father's Occupation* Cabinet
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, M. S. Fuller

Address, 14.22 Baltimore Ave

Remarks, 8980000653

shall occur without the attendance of a physician or person acting as such, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter. If shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 6th 1898
4. *Place of Birth, (Street and Number)* 863 Fremont Ave.
5. *Full Name of Mother,* Florence Fisher
6. *Mother's Maiden Name,* Florence Bond
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Chas Fisher
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Linday, Peter, M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md

8 9 8 0 0 0 0 6 5 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

89914

RETURN OF A BIRTH.

GIVEN NAME ADDED, 6-9-64

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Albert Yaffa

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 6, 1898.
4. *Place of Birth, (Street and Number)* 215 E. Eden St
5. *Full Name of Mother,* Eva Yaffa
6. *Mother's Maiden Name,* " Caplan
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harris Yaffa
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 42 Aisquith St.

Remarks, 8780000655

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

899/5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 6th 1898
4. *Place of Birth, (Street and Number)*	2201 Penna Ave
5. *Full Name of Mother,*	Mary Will Kohlhepp
6. *Mother's Maiden Name,*	Bolt
7. *Mother's Birthplace,*	Hany Wil
8. *Full Name of Father,*	Saloon keeper
9. *Father's Occupation*	Bolt
10. *Father's Birthplace,*	Chas O Sadtler
Name of Medical Attendant, or other person who makes this Return,	1800 Bolton St
Address,	
Remarks,	8 7 8 U 0 0 0 6 5 6

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 89916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 6th 1898
4. Place of Birth, (Street and Number) #904 Hickory Ave.
5. Full Name of Mother, Ella G. Rembert.
6. Mother's Maiden Name, Noyes
7. Mother's Birthplace, Maryland
8. Full Name of Father, Henry A. Rembert
9. Father's Occupation Stationary Engineer.
10. Father's Birthplace, Pennsylvania.

Name of Medical Attendant, or other person who makes this Return, R. B. Normentrout M.D.

Address, 320 Folles Road

Remarks,

8 9 8 U 0 0 0 6 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

89917

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 6th 1898
4. Place of Birth, (Street and Number) No. 1 Kuhls Alley
5. Full Name of Mother, Martha Otto
6. Mother's Maiden Name, " Wartenberg
7. Mother's Birthplace, Germany
8. Full Name of Father, Hugo Otto
9. Father's Occupation, Beer Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 7 Mine Bank Lane

Remarks, 8 9 8 0 0 0 0 6 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) .....

1. *Sex, (state whether ~~male~~ or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* Sunday February 6th 1898
4. *Place of Birth, (Street and Number)* #348 6ins st
5. *Full Name of Mother,* Maggie R. Grund
6. *Mother's Maiden Name,* Maggie R. Knight
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles L Grund
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Münch

Address, 800 Leadenhall Street.

Remarks, ...

1898 0000659

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 6th 1898
4. *Place of Birth, (Street and Number)*	Cedar Ave. 244 Hampden.
5. *Full Name of Mother,*	Hannah J. Watkins
6. *Mother's Maiden Name,*	Hannah J. Agnew.
7. *Mother's Birthplace,*	Harford County. Maryland.
8. *Full Name of Father,*	William N Watkins
9. *Father's Occupation*	Railroad
10. *Father's Birthplace,*	Harford County Maryland
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Gindemann
Address,	Chestnut Ave 145 Hampden
Remarks,	8980000660

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th,

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Feb. 6th, 1898.
4. Place of Birth, (Street and Number) 522 Lamine St.
5. Full Name of Mother, Hanna B. Morrow.
6. Mother's Maiden Name, Fisher.
7. Mother's Birthplace, Pennsylvania.
8. Full Name of Father, Wm. J. Morrow.
9. Father's Occupation, Fireman.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Eldridge C. Price, M.D.

Address, 1012 Madison Ave.

Remarks, City

6980006061

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 8992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 6th 1898
4. *Place of Birth, (Street and Number)* 1128 N. Bridge St.
5. *Full Name of Mother,* Emma E. Kelly
6. *Mother's Maiden Name,* Emma E. Harding
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William L. Kelly
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave.

Remarks,

8980000662

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 6th 1898

4. Place of Birth, (Street and Number) 1604 Presidents St.

5. Full Name of Mother, Annie L. Shanahan

6. Mother's Maiden Name, Annie L. Kearns

7. Mother's Birthplace, Baltimore Co. Md.

8. Full Name of Father, John R. Shanahan

9. Father's Occupation, Waterman

10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, A G Watson

Address, 1507 N. Central Ave.

Remarks, 8 7 8 U 0 0 0 6 6 3

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 89923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* 6 February 1898
4. *Place of Birth, (Street and Number)* 524 High St
5. *Full Name of Mother,* Jane Rooney
6. *Mother's Maiden Name,* Jane Mullen
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Jeorge Rooney
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* ~~Baltimore~~ Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

8980000664

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parent child to report its birth to the Commissioner of Health, in the manner and within the period above re any such person or persons who shall hereafter fail to comply with the provisions of this section shall jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are

89924

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 6 - 98
4. *Place of Birth, (Street and Number)*	1734 N. Calvert
5. *Full Name of Mother,*	Alice V. Beale
6. *Mother's Maiden Name,*	Alice V. Kirby
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Edward B. Beale
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwood
Address,	2030 N. Washington St
Remarks,	8980000665

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RETURN OF A BIRTH. 89925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 6/98
4. Place of Birth, (Street and Number) 809 S. Montford Ave.
5. Full Name of Mother, Maggie Ludwig
6. Mother's Maiden Name, Rockser
7. Mother's Birthplace, Balto.
8. Full Name of Father, Isaac Ludwig
9. Father's Occupation Blacksmith
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, MIDWIFE

Remarks,

8 9 8 0 0 0 2 2 6 6 6 6 Baltimore, Md.

Wm. J. C. Dulany Co,. City Printers and Stationers.

89926

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 6/98
4. Place of Birth, (Street and Number) 2214 Portugals Court.
5. Full Name of Mother, Antonia Binert
6. Mother's Maiden Name, " Wemer
7. Mother's Birthplace, Germany
8. Full Name of Father, John Binert
9. Father's Occupation Stevendore
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2226 Gough St. Baltimore, Md.

8980000 2667

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... Twin

1. *Sex, (state whether male or female)* ..... male
2. *Race or Color, (if not of the white race)* ..... White
3. *Date of Birth,* ..... 6 Feb - 1895
4. *Place of Birth, (Street and Number)* ..... 264 West Franklin st
5. *Full Name of Mother,* ..... Mrs Edith E. Baer
6. *Mother's Maiden Name,* ..... Gallagher
7. *Mother's Birthplace,* ..... Hanover, Pa
8. *Full Name of Father,* ..... John W. Baer
9. *Father's Occupation* ..... Tailor
10. *Father's Birthplace,* ..... Baltimore

Name of Medical Attendant, or other person who makes this Return, ... J. N. Gardiner, M.D.

Address, ... 171 N. Fremont Ave

Remarks, ...

8 9 8 0 0 0 0 6 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

89928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* Feb 6th / 98

4. *Place of Birth, (Street and Number)* No. 35 Carolina Ave

5. *Full Name of Mother,* Elizza Herbe

6. *Mother's Maiden Name,* Liesner

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Herbe

9. *Father's Occupation* Shoefinding Store

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, 1907 E Monument. Ave.

Remarks, 8 : 8 0 0 0 0 6 6 9

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attendance upon the n
child to report its birth
any such person or perso
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r it shall become the duty of the person or parents of such
immediately thereafter it shall, in the manner and within the period above required, and
commissioner of Health, in the manner above required, and
shall hereafter fail to comply with the provisions of this section shall be sub-
for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and ever... to the office of the Commissioner of Health. In case the birth of any child shall occur without the atte... of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother... shall become the duty of the person or parents of such child to report its birth to th... immediately thereafter. It shall be the manner and within the perio... missioner of Health, in the manner and within the provisions of this ... any such person or persons ... hereafter fail to comply with the provisions of this ... jected to the fine of ten ($10) d... each offence, to be recovered as other fines and forfe... are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child 1898
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7 February 1898
4. *Place of Birth, (Street and Number)*	1027 Kenfield Ave
5. *Full Name of Mother,*	Mollie Gentzler
6. *Mother's Maiden Name,*	Mollie Hoffman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Gentzler
9. *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brack
Address,	1528 Light St
Remarks,	Dang Well

8980000670

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GIVEN NAME ADDED 9-1-59

RETURN OF A BIRTH. 89980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Florence Virginia Zahrendt 3.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 14 1898
4. Place of Birth, (Street and Number) 1130 N. Saratoga, St.
5. Full Name of Mother, Leana Zahrendt
6. Mother's Maiden Name, Luthmuff
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wm Zahrendt
9. Father's Occupation Coal Dealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs O'Meara

Address, 914 Hollins St

Remarks, 8 9 8 0 0 0 0 6 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, February 7th 1898
4. Place of Birth, (Street and Number) 1117 S. Charles St.
5. Full Name of Mother, Mary Simon
6. Mother's Maiden Name, Mary Schaug
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Simon
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Ada Mainch

Address, 160 Leadenhall Street

Remarks,

8 9 8 0 0 0 0 6 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th February 98
4. *Place of Birth, (Street and Number)*	413 Forrest St
5. *Full Name of Mother,*	Lotte Jüngham
6. *Mother's Maiden Name,*	Lotte Schmidt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Rudolph Jüngham
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler midwife
Address,	216 W Pratt St
Remarks,	

8980000673

...a physician or practioner of midwifery, or should no other person be in ...diately thereafter it, shall become the duty of the person ... or parents of such ...attendance upon the mother, in the manner and within the period above required, and ...missioner of Health, in the ... this section shall be sub- ...child to report its birth to the ... shall hereafter fail to comply with the provisions of this ... any such person or persons who ... are recovered as other fines and for- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aby. ~~7th~~ 7th. 1898

4. Place of Birth, (Street and Number) 1634 Pennsylvania Ave.

5. Full Name of Mother, Pauline Manners

6. Mother's Maiden Name, Pauline Goldsmith

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Jonas Manners

9. Father's Occupation Clothing Merchant

10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Henry C. Dale. M.D.

Address, 1203 W. Fayette St.

Remarks, 8980000674

the office of the Commissioner of Health. In case the birth of any child
tioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
missioner of Health, in the manner required, and
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if hereafter fail to comply with
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third day of each and every
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any such person or persons wh
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Wm. J. C. Dulany Co., City Printers and Stationers.

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for each offense, to be recovered.
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attendance upon the mother,
child to report its birth to the Commissioner of Health, in
any such person or persons w

RETURN OF A BIRTH. 89934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female).* F
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feby 7. 1898
4. *Place of Birth, (Street and Number)* 241 S Streeter
5. *Full Name of Mother,* Georgia M. Clark
6. *Mother's Maiden Name,* Bath
7. *Mother's Birthplace,* Kent Co Md
8. *Full Name of Father,* Jewell T. Clark
9. *Father's Occupation* Solicitor Adams Exp Co
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Edward Hanson M.D.

Address, 1403 W Fayette st

Remarks,

8980000675

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RETURN OF A BIRTH. 89986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 7 1898

4. Place of Birth, (Street and Number) 904 Fawn St.

5. Full Name of Mother, Sarah Feldblum

6. Mother's Maiden Name, " Lapkin

7. Mother's Birthplace, Russia

8. Full Name of Father, Sam. Feldblum

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Max E. Scherman

Address, 42 altamont St.

Remarks,

8 7 8 0 0 0 0 6 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and e... of the Commissioner of Health. In case the birth of any child shall occur without the at... man or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or perso... fail to comply with the provisions of this section shall be subjected to the fine of ten (1... for each offence, to be recovered as other fines and ... are recoverable.

RETURN OF A BIRTH. 89986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 7/98
4. Place of Birth, (Street and Number) 2341 Mc Elderry St.
5. Full Name of Mother, Annie Besenkamp
6. Mother's Maiden Name, " Wischman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Besenkamp
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8980000677

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RETURN OF A BIRTH.

8998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

89937

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 7, 1898
4. Place of Birth, (Street and Number) 1108 Greenmount Ave.
5. Full Name of Mother, Mollie Tracy
6. Mother's Maiden Name, Mollie Through
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Owen J. Tracy
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Pinebaker M.D.

Address, 1103 Linden Ave, Balto, Md.

Remarks, B 9 8 0 0 0 0 6 7 8

Wm J C. Dulany Co., City Printers and Stationers.

236.]

A 89938

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 7. February. 1898.
4. *Place of Birth, (Street and Number)* 27. Kastel. Street.
5. *Full Name of Mother,* Lili Wiesbeck.
6. *Mother's Maiden Name,* Lili Schaeplein.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Henry Wiesbeck.
9. *Father's Occupation* Labourmaer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary. Klass.

Address, 1-9. North Wolf. St.

Remarks,

8 9 8 U 0 0 0 6 7 9

C. Dulany Co., City Printers and Stationers.

nation of its parents, the date and place of birth; and the ... duly signed by the practitioner in the form of a certificate between the first and ... month to the office of the Commissioner of Health, and no other person be in ... dance of a physician or practitioner of midwifery, upon or parents of such ... immediately thereafter it shall ... Commissioner of Health, in the manner and within the time above required, and ... who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 89939

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th Feb. 1878
4. *Place of Birth, (Street and Number)* No 160 Aisquith St.
5. *Full Name of Mother,* Julia Stefani
6. *Mother's Maiden Name,* Polek
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Stefanis
9. *Father's Occupation* Soldier
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lizzie Schaeffer

Address, No 1110 E. Fort Ave. L.P.

Remarks,

1898U000680

n. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

A 89940

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Colored Race.
3. *Date of Birth,*	7 Feb. 1898
4. *Place of Birth, (Street and Number)*	519 N. Bethel St.
5. *Full Name of Mother,*	Emma Northern.
6. *Mother's Maiden Name,*	Emma Boston.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Joshua Northern.
9. *Father's Occupation*	Driver.
10. *Father's Birthplace,*	Fairmount Md.
Name of Medical Attendant, or other person who makes this Return,	Caroline Patterson.
Address,	815 N. Dallas St.
Remarks,	Doing well as case expected.

8 9 8 0 0 0 0 6 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 89941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) female 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 7th 1898
4. *Place of Birth, (Street and Number)* 107 N. Front St.
5. *Full Name of Mother,* Mary Lampe
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Harry Lampe
9. *Father's Occupation* Corset-maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter St.

Remarks,

8980000682

Wm. J. C. Dulany Co., City Printers and Stationers.

N OF A BIRTH. 8

89942

of Vital Statistics, Board of Health, Baltimore City.

ether (1st, 2d, 3d, &c.) 4th Child

emale) Female

hite race) White

Baltimore Feb 7, 1898.

Number) No. 907 Watson St Balt

Lizzie Schelhorst

Lizzie Connaley

Germainia

Joe Schelhorst

Baker

Germania

or other person who makes this Return. Mrs. Lena Reiber

147 Y. 6 St.

800000683

RETURN OF A BIRTH.

90000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 10 1898

4. Place of Birth, (Street and Number) No. 1715 Linwith St.

5. Full Name of Mother, Carrie Graule

6. Mother's Maiden Name, Carrie Bregel

7. Mother's Birthplace, Maryland

8. Full Name of Father, Thos. H. Garner

9. Father's Occupation Carpenter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Asa A. Elwell M.D.

Address, 1741 Hanford Ave

Remarks, 8 9 8 0 0 0 0 6 8 4

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 9000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	2/10 98
4. *Place of Birth, (Street and Number)*	1348 Fremont
5. *Full Name of Mother,*	Cora Ash
6. *Mother's Maiden Name,*	" Tillman
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	W D Ash
9. *Father's Occupation*	Lab.
10. *Father's Birthplace,*	Mich.
Name of Medical Attendant, or other person who makes this Return,	M L Todd
Address,	Md General Hosp.
Remarks,	

8980000685

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1?

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, 2/10 98

4. Place of Birth, (Street and Number) 934 Howard

5. Full Name of Mother, Ella Wiles

6. Mother's Maiden Name, Minnie Roland.

7. Mother's Birthplace, Md.

8. Full Name of Father, Jno. Bonner

9. Father's Occupation Lab

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 8 U 0 0 0 6 8 6

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Hearth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 95003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 2/10 98
4. *Place of Birth, (Street and Number)* Md Gen Hosp
5. *Full Name of Mother,* Annie Cole
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Jno. Jacobs.
9. *Father's Occupation* Painter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Gen Hosp.

Remarks,

8980000687

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 2d 1895
4. Place of Birth, (Street and Number) No 127 Fortune
5. Full Name of Mother, Mary E Ellis
6. Mother's Maiden Name, M Bayne
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lewis E Ellis
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Catharine Fanning

Address, No 1517 Eyler St

Remarks,

8 9 8 0 0 0 0 6 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 10th 1898
4. *Place of Birth, (Street and Number)* 6 Elmwood Lane
5. *Full Name of Mother,* Mary Donohue
6. *Mother's Maiden Name,* Mary Lennon
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Donohue
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Thomas J. Lennon M.D.

Address, 2535 6th Road City

Remarks,

8980000689

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. And be it further enacted, That the certificate required by the first section of this Act shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90006

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 10th, 1898
4. Place of Birth, (Street and Number) Parkwyth Ave, Waverly.
5. Full Name of Mother, Miriam Lucy Barber
6. Mother's Maiden Name, Butcher
7. Mother's Birthplace, Philadelphia, Penna.
8. Full Name of Father, Benj. Boswell Barber
9. Father's Occupation Agent
10. Father's Birthplace, Philadelphia, Penna.

Name of Medical Attendant, or other person who makes this Return, Walter Bolgiano M.D.

Address, 620 N. Charles St.

Remarks,

8980000690

Wm. J. C. Dulany Co., City Printers and Stationers

Section 1. Be it enacted by the General Assembly of Maryland, That the Commissioner of Health shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

9007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th Feb. 1898
4. Place of Birth, (Street and Number) 144 N. Washington st
5. Full Name of Mother, Nellie E Smith
6. Mother's Maiden Name, Kent,
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frederick Smith
9. Father's Occupation Mattress Maker
10. Father's Birthplace, Columbus Ohio

Name of Medical Attendant, or other person who makes this Return, C. P. Jones, M.D.

Address, 1835 E. Baltimore St.

Remarks,

8980000691

Wm. J. C. Dulany Co., City Printers and Stationers

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health, within the time prescribed, the full name of each child, if any shall have been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 10th 1898
4. *Place of Birth, (Street and Number)* Boston Street
5. *Full Name of Mother,* Celia Herald
6. *Mother's Maiden Name,* Celia Geise
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Herald
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, 611 S. Patterson Park Ave.

Remarks,

8980000692

Every birth occurring in the city of Baltimore shall be reported to the office of the Commissioner of Health, by the physician or midwife in attendance, within ten days after such birth occurs, and in case there shall be no physician or midwife in attendance, then the father or mother of such child, or the householder or manager of the premises where such birth occurs, shall make such report. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the person or parents of such child shall become the duty of the period above required, and immediately thereafter, in the manner and within the time prescribed by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

RETURN OF A BIRTH. 90009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 10th February 1898
4. Place of Birth, (Street and Number) Carroll 2/c. Dorsey lane
5. Full Name of Mother, Cecilia E. Smith.
6. Mother's Maiden Name, Cecilia Elizbeth Doe.
7. Mother's Birthplace, Cationsville. Balto. Co. Md.
8. Full Name of Father, Julius Archer Smith.
9. Father's Occupation Cook
10. Father's Birthplace, Essex Co. Virginia

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hicks.

Address, Hoffman's Lane.

Remarks,

8980000693

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 10 1898
4. *Place of Birth, (Street and Number)* 827 S Dallas St.
5. *Full Name of Mother,* Ida Friedericks
6. *Mother's Maiden Name,* Joe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Friedericks
9. *Father's Occupation* X Box sawyer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 837 S. Bond St.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8980000694

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

9001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Feb 10th 98
4. *Place of Birth, (Street and Number)*	1207 Foster alley
5. *Full Name of Mother,*	Elizabeth Jones
6. *Mother's Maiden Name,*	Elizabeth Eden
7. *Mother's Birthplace,*	St Mary's Co Maryland
8. *Full Name of Father,*	Geo Robert Jones
9. *Father's Occupation,*	Waiter,
10. *Father's Birthplace,*	Frederick Co Maryland
Name of Medical Attendant, or other person who makes this Return.	Albert K Hadelman
Address,	1628 John St
Remarks,	

8 9 8 0 0 0 0 6 9 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 9072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feby 10th 1898
4. *Place of Birth, (Street and Number)* 234 N Mount St
5. *Full Name of Mother,* Katie Smelser
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Smith
9. *Father's Occupation* Carriage Trimmer
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Geo B Rowland M D

Address, 809 N Charles St

Remarks,

8980000696

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

rm 1236.]

RETURN OF A BIRTH. 90013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	11 February 1898
4. *Place of Birth, (Street and Number)*	1122 Lubert St.
5. *Full Name of Mother,*	M. Nickolas
6. *Mother's Maiden Name,*	" King
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Nickolas
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Irland
Name of Medical Attendant, or other person who makes this Return,	Ralf. Wyman
Address,	1331 Hull St. Locust Point.
Remarks,	

8 7 8 0 0 0 0 6 9 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Col. Girl
2. *Race or Color, (if not of the white race)* Race
3. *Date of Birth,* February 11 1898
4. *Place of Birth, (Street and Number)* 126 S Dallas St 924
5. *Full Name of Mother,* Emilie Brown
6. *Mother's Maiden Name,* Fry Flynn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Brown
9. *Father's Occupation* Waterman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Pitt

Address, 828 S. Broad St

Remarks,

8980000698

Wm. J. C. Dulany Co,. City Printers and Stationers.

[236]

RETURN OF A BIRTH. 90016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 February 1898
4. Place of Birth, (Street and Number) 1809 Aisquith St
5. Full Name of Mother, Catherine Galvey
6. Mother's Maiden Name, " Walsh
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Galvey
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Bishoff

Address, No. 731 St. Peter St.

Remarks,

8980000699

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 90016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

A 90016

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 11th 1898
4. *Place of Birth, (Street and Number)*	Baltimore Jed # 1315 C.
5. *Full Name of Mother,*	Nettie Mary Sandrock
6. *Mother's Maiden Name,*	" " LeBar
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Gustave Sandrock
9. *Father's Occupation*	Cigar
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Koenig
Address,	# 214 S Stricker St. Baltimore
Remarks,	Mother and Child are doing well

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

Wm. J. C. Dulany Co., City Printers and Stationers

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RETURN OF A BIRTH.

90017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 11th 1898.
4. *Place of Birth, (Street and Number)* 960 N Chester St.
5. *Full Name of Mother,* Etta Dawson
6. *Mother's Maiden Name,* Etta Hurtzell
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Wm Dawson
9. *Father's Occupation* Car builder
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8 9 8 0 0 0 0 7 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

83.]

RETURN OF A BIRTH.

9018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 th Feb 1898
4. *Place of Birth, (Street and Number)* 1909 Olive st
5. *Full Name of Mother,* Katie Smith
6. *Mother's Maiden Name,* Katie Sharp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Smith
9. *Father's Occupation* Sugar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Brunt

Address, 1600 N. Carter st

Remarks,

8 7 8 0 0 0 0 7 0 2

said schedule shall be delivered, duly signed by the practitioner or person in attendance, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth; and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[Form 1236.]

RETURN OF A BIRTH. 9019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 11, 1894

4. Place of Birth, (Street and Number) 1313 E Pratt St

5. Full Name of Mother, Bella Craft

6. Mother's Maiden Name, " Gurr

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Craft

9. Father's Occupation Tailor

10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs E Scherman,

Address, 42 Albemarle St.

Remarks,

7800000703

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

GIVEN NAME ADDED 4-26-66

90020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ROSAMOND WEBB

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 11th 1898

4. Place of Birth, (Street and Number) 701 Potter St

5. Full Name of Mother, Mary E Webb

6. Mother's Maiden Name, Scott

7. Mother's Birthplace, Md.

8. Full Name of Father, Geo W. Webb

9. Father's Occupation Letter Carrier

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return R B Nowell M.D.

Address, 326 Falls Road

Remarks,

B 1980000704

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 11th Feb 1898
4. Place of Birth, (Street and Number) 491 E Clement st
5. Full Name of Mother, Amelia Cannon
6. Mother's Maiden Name, Connor
7. Mother's Birthplace, Balti
8. Full Name of Father, Columbus Cannon
9. Father's Occupation waterman
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth [illegible] M

Address, 650 E Fort ave

Remarks,

8980000705

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* N.

3. *Date of Birth,* 2/11 98

4. *Place of Birth, (Street and Number)* Md. Gen. Hosp

5. *Full Name of Mother,* Mary Middleton.

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Va.

8. *Full Name of Father,* Jno. adams

9. *Father's Occupation* Farmer.

10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Gen. Hosp

Remarks,

8 9 8 0 0 0 0 7 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex, (state ~~whether~~ male or female)*
2. *Race or Color, ~~if not of the~~ white race)*
3. *Date of Birth,* Feb 11/98.
4. *Place of Birth, (Street and Number)* 1503 N Bethel St.
5. *Full Name of Mother,* Annie B Bergevin
6. *Mother's Maiden Name,* Baker
7. *Mother's Birthplace,* Fort de France
8. *Full Name of Father,* Jos H F Bergevin
9. *Father's Occupation* Elec Ext Engineer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Robt Mc

Address,

Remarks,

6788000707

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 11th 1898
4. Place of Birth, (Street and Number) 911 N. Caroline st.
5. Full Name of Mother, Ella M. Merten
6. Mother's Maiden Name, " " Snyder
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Henry Merten
9. Father's Occupation Baker
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

84 8 U 0 0 0 7 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child 4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Baltimore Feb. 11, 1898
4. *Place of Birth, (Street and Number)*	No. 814 N. Front Street
5. *Full Name of Mother,*	Nettie Polachia
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Carl Polasjeia
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs Lena Barber
Address.	1117 N. Exeter St. Balto.
Remarks,	

3980000709

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

[236.]

RETURN OF A BIRTH. 90026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 11th. 1898 —
4. *Place of Birth, (Street and Number)*	No 1054 William St —
5. *Full Name of Mother,*	Annie E. Cemper
6. *Mother's Maiden Name,*	Annie E. Lindeman
7. *Mother's Birthplace,*	Balto., Md. —
8. *Full Name of Father,*	Chas. B. Cemper
9. *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace,*	Baltimore, Md —
Name of Medical Attendant, or other person who makes this Return,	Maggie A. Wilkinson,
Address,	No 1 W. Lexington St, —
Remarks,	

8 9 8 0 0 0 0 7 1 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of each child, ... been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH.

9702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 11th, 1898.
4. Place of Birth, (Street and Number) 1741 E. Lanvale St.
5. Full Name of Mother, Susan Günther
6. Mother's Maiden Name, Susan Hornisberg
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Charles A. Gunther
9. Father's Occupation Wood Turner.
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S.W. Cor. Calvert & Preston Sts

Remarks,

8 9 8 0 0 0 0 7 1 1

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

P 2028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 12th 1895.
4. Place of Birth, (Street and Number) 2700 Boston st.
5. Full Name of Mother, Hannie Lawrence.
6. Mother's Maiden Name, Lutes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Lawrence
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, P. Liersemann

Address, 1101 Chesapeake street

Remarks, none

8980000712

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 12/98
4. Place of Birth, (Street and Number) 210 E. Washington St.
5. Full Name of Mother, Mary Tripp
6. Mother's Maiden Name, E. Planker
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Tripp
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhaber

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

0 7 8 0 0 0 0 7 1 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 February 1898
4. *Place of Birth, (Street and Number)* 1602 Canton Av St
5. *Full Name of Mother,* Kosty Brzozka
6. *Mother's Maiden Name,* K. Wkrant
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Brzozki
9. *Father's Occupation* Tabaer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 121 Ann St

Remarks, Baltimore

8980000714

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 February 1898
4. Place of Birth, (Street and Number) 1402 Canton Ave H
5. Full Name of Mother, Kosty Brzoska
6. Mother's Maiden Name, K. Welzant
7. Mother's Birthplace, Germany
8. Full Name of Father, John Brzoski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Regier

Address, 721 Ann St

Remarks, Attendance

8980000715

Wm. J. C. Dulany Co,. City Printers and Stationers.

90082

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 12th 1898
4. *Place of Birth, (Street and Number)*	412 N Eden Street
5. *Full Name of Mother,*	Adelheid Jones
6. *Mother's Maiden Name,*	do Kork
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm H Jones
9. *Father's Occupation*	Upholsterer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kroon Midwife
Address,	1922 E Fayette Street
Remarks,	

8 7 8 0 0 0 0 7 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

The third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 12 th Feb 1898

4. Place of Birth, (Street and Number) 1225 Patapsco St

5. Full Name of Mother, Rosa Weber

6. Mother's Maiden Name, Watson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Weber

9. Father's Occupation B & O R R

10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, Elizabeth Pyewell

Address, 65 O E Fort Ave

Remarks,

6780000717

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 4 1898
4. *Place of Birth, (Street and Number)* Hanley st 1925
5. *Full Name of Mother,* Irene Boyd
6. *Mother's Maiden Name,* Irene Lehman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ernest A Boyd
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Frederick Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs S Keller

Address, 1922 Mitchin Ave

Remarks,

8980000718

and day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90085

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard Frankton Krupp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 12th 1898
4. Place of Birth, (Street and Number) 2508 Druid Hill Ave
5. Full Name of Mother, Minnie Knipk
6. Mother's Maiden Name, " Walker
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Charles Knipk
9. Father's Occupation Furniture dealer
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, E. G. Shower, M.D.

Address, 1224 N. North Ave

Remarks,

8480000719

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. That it shall be the duty of the physician or midwife in attendance upon any birth occurring after the passage of this ordinance, to report to the Commissioner of Health, within ten days after the birth has occurred, the name, if any, given to the child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother, if known, and if not known, the best information which can be obtained as to the same; and in case a child shall be born in any house where there is no physician or midwife in attendance, then it shall be the duty of the householder or owner of said house, or agent of such owner, to report the birth as aforesaid, and in case the parent or parents shall be unable to report the particulars required, then it shall be the duty of the householder or owner of said house, or agent of such owner, to obtain the information and report the birth as aforesaid. Sec. 2. That it shall be the duty of the Commissioner of Health to cause to be prepared and printed blank forms of certificates, in accordance with the provisions of section 1 of this ordinance, and to furnish the same to physicians, midwives and others required to report births under this ordinance, and to cause the same to be distributed in such manner as he may deem best calculated to secure a prompt and full report of all births occurring in the city of Baltimore. Sec. 3. That it shall be the duty of the Commissioner of Health to cause to be recorded in a book or books to be kept for that purpose, the information required to be reported by section 1 of this ordinance, as far as the same can be ascertained from the certificates of birth returned to his office, and to cause to be recorded in said book or books

OTHER NAME ADDED 2-8-51

90086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Bertha
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb-12-1898
4. *Place of Birth, (Street and Number)*	514 S-Bond
5. *Full Name of Mother,*	Annie Goodman
6. *Mother's Maiden Name,* Annie	Rosenbluth
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Harry Goodman
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	D J Long
Address,	110 W Lombard
Remarks,	

8980000720

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec-12-1898
4. *Place of Birth, (Street and Number)* 103 S. Spring St.
5. *Full Name of Mother,* Rachel Jacobson
6. *Mother's Maiden Name,* Rachel Loboritz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Harry Jacobson
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, D. Gutberg

Address, 115 Virginia

Remarks,

8980000721

Wm. J. C. Dulany Co., City Printers and Stationers.

...practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90088

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Philip Edward Appel

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) 1st

1. Sex (state whether Male or ~~Female~~) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth Feb 12 1898

4. Place of Birth (Street and Number) 1826 E. Fayette St Baltimore Md

5. Full Name of Mother Blanche (~~Pipe~~) Appel

6. Mother's Maiden Name Mishimer

7. Mother's Birthplace Baltimore

8. Full Name of Father Edward ~~F.~~ (~~Pipe~~) Appel

9. Father's Occupation Conductor.

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. M. Crickler M.D.

Address #1806 E. Baltimore St Baltimore Md

Remarks

8980000722

advise at the Birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 90089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 12 1898
4. Place of Birth, (Street and Number) 1517 Saratoga st
5. Full Name of Mother, Rosie Parker
6. Mother's Maiden Name, Rosie Baytman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Samuel Parker
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return Dr Gorsuch

Address, 871 Boyd st.

Remarks,

8980000723

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RM 1236.]

month; and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 12th 1895
4. Place of Birth, (Street and Number) 830 Pattenson Ave
5. Full Name of Mother, Minnie Grant
6. Mother's Maiden Name, Minnitt Jones
7. Mother's Birthplace, Oxford Co Md.
8. Full Name of Father, Edward Gray
9. Father's Occupation Laborer
10. Father's Birthplace, Oxford Co Md.

Name of Medical Attendant, or other person who makes this Return, Jno. H. Harris

Address, 1809 Lanvale

Remarks,

8980000724

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 12th 1898
4. Place of Birth, (Street and Number) 120 S. Exeter Str.
5. Full Name of Mother, Ida Stark
6. Mother's Maiden Name, " Harris
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Starks
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter str.

Remarks,

1898000725

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90042

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) 3rd

1. Sex, (~~state whether male~~ or female)
2. Race or Color, (if not of the white race) ~~White~~ White
3. Date of Birth, Feb. 12 96
4. Place of Birth, (Street and Number) 418 S Smallwood St.
5. Full Name of Mother, Dora Varina Clause
6. Mother's Maiden Name, Dora Varina Gaehle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Clause
9. Father's Occupation Shoemaker
10. Father's Birthplace, France

Name of Medical Attendant, or other person who makes this Return, None

Address,

Remarks,

8788000724

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

9002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 12 1878
4. *Place of Birth, (Street and Number)*	112 N. Carey avenue
5. *Full Name of Mother,*	Mary E. Murray
6. *Mother's Maiden Name,*	Mary E. Smith
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	Howard J. Murray
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Howard county md
Name of Medical Attendant, or other person who makes this Return	Ellamore E. Anderson
Address,	1434 Baltimore St
Remarks,	

8980000727

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

9 0044

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Saturday Feb. 12th, 1898.
4. *Place of Birth, (Street and Number)* 209 E. Biddle St.
5. *Full Name of Mother,* Ann Louisa Rich.
6. *Mother's Maiden Name,* Ann L. Baldwin
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Edward N. Rich.
9. *Father's Occupation* Lawyer
10. *Father's Birthplace,* Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S.W. Cor. Calvert & Preston Sts.

Remarks,

8 9 8 0 0 0 0 7 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 12 1898.
4. Place of Birth, (Street and Number) No. 2032 E. Eager st.
5. Full Name of Mother, Ellen Redmond
6. Mother's Maiden Name, Ellen Riley
7. Mother's Birthplace, England
8. Full Name of Father, Nicholas Redmond
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell M.D.

Address, 1741 Hanford ave

Remarks,

18980000729

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90026

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 12th. 1898
4. Place of Birth, (Street and Number) Longs Lane
5. Full Name of Mother, Julia Hardesty
6. Mother's Maiden Name, Ulrich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Hardesty
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 7 Mine Rock Lane

Remarks, None

8480000730

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-2-52

RETURN OF A BIRTH.

90047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charlotte Bartell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 12 of February 1898

4. Place of Birth, (Street and Number) No 1817 N. Patterson Park Ave

5. Full Name of Mother, Charlotte Bartell

6. Mother's Maiden Name, Charlotte Schluer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Arthur Bartell

9. Father's Occupation, Laundry

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch Lauer

Address, No 1054 Stanford Ave

Remarks, Bal. Md

1898

8980068738

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 90048

90048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether ~~male or~~ female) W.
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 12 1896
4. Place of Birth, (Street and Number) 817 E Fayette
5. Full Name of Mother, Annie Cohen.
6. Mother's Maiden Name, — Birkwide
7. Mother's Birthplace, Russia.
8. Full Name of Father, Israel Cohen
9. Father's Occupation Barber.
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Alpheus Blizzard MD

Address, 102 E. Brown

Remarks,

87300007732

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health. In case no other person be in attendance upon the birth, to the Commissioner of Health, in the form of a certificate the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should any parents of such third day of each and every month to the office of the Commissioner of unidwifery, or should any parents of such child to report its birth, immediately after the period above required, and shall become the duty of the person in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90049

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth.
1. *Sex, (state whether male or female)*	Males.
2. *Race or Color, (if not of the white race)*	Black. africanorigin.
3. *Date of Birth,*	Febr. 13. 9. A. M. 1898.
4. *Place of Birth, (Street and Number)*	No 1031. S. Eutaw St.
5. *Full Name of Mother,*	Mary Lizzie Jones.
6. *Mother's Maiden Name,*	Mary Lizzie Wilkins.
7. *Mother's Birthplace,*	Kent County. Md.
8. *Full Name of Father,*	Andrew Jones.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	St Marys County. Md.
Name of Medical Attendant, or other person who makes this Return.	A. F. Voltmann. M. D.
Address,	No 630. S. Eutaw St.
Remarks,	above is the first of a pair of Twins.

8 7 8 0 0 0 0 7 3 3

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 90080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Dark. african origin.
3. *Date of Birth,*	Febr 13. 1898. 9.30. A.M.
4. *Place of Birth, (Street and Number)*	No. 1831. S. Eutaw St. Balt.
5. *Full Name of Mother,*	Mary Lizzie Jones.
6. *Mother's Maiden Name,*	Mary Lizzie Wilkins.
7. *Mother's Birthplace,*	Kent County. Md.
8. *Full Name of Father,*	Andrew Jones.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	St. Marys County. Md.
Name of Medical Attendant, or other person who makes this Return.	A. F. Volkman. M.D.
Address,	No. 620. S. Eutaw St. Balt. Md.
Remarks,	The above is the second of a pair of Twins.

8 9 8 0 0 0 0 7 3 4

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED - 8/9/61

RETURN OF A BIRTH.

90064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CATHERINE ELIZABETH BUCKLEY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 13th 1918
4. Place of Birth, (Street and Number) #412 Light Sts
5. Full Name of Mother, Maggie A. Buckley
6. Mother's Maiden Name, Devereux
7. Mother's Birthplace, Maryland
8. Full Name of Father, Michael H Buckley
9. Father's Occupation Bartender
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return R. B. Norment M.D.

Address, 820 Falls Road

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8980000735

RETURN OF A BIRTH. 90252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 M

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th of February 95
4. Place of Birth, (Street and Number) 25 W Frederick Road
5. Full Name of Mother, Louise Barde
6. Mother's Maiden Name, Louise Waldschlaeger
7. Mother's Birthplace, Pole
8. Full Name of Father, Wilhelm Barde
9. Father's Occupation Laborer
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Frederike Reuter Midwife

Address, 216 N Paca St

Remarks,

8 9 8 0 0 0 0 7 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* February 4 1898
4. *Place of Birth, (Street and Number)* Biddle St 347
5. *Full Name of Mother,* Clara E Neil
6. *Mother's Maiden Name,* Clara E Adler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Neil
9. *Father's Occupation* Horse Shoer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr J Ellis

Address, 1922 Wilkins Ave

Remarks,

8 9 8 U 0 0 0 7 3 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 13. 1898

4. Place of Birth, (Street and Number) 673 Lark Ave

5. Full Name of Mother, Amy Hammond

6. Mother's Maiden Name, Davis

7. Mother's Birthplace, Balto Co Md.

8. Full Name of Father, Samuel Dorsey

9. Father's Occupation Laborer

10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return, A. C. Lumpkin M.D.

Address, 801 W Fayette St.

Remarks,

8980000738

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90088

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 13th Feb 1898
4. Place of Birth, (Street and Number) 749 E Clement St
5. Full Name of Mother, Jennie Jackson
6. Mother's Maiden Name, Simpson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Jackson
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yarnell

Address, 650 E Fort ave

Remarks,

189800000739

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 90066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female Lillian E Corkrin
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 13th 1898
4. Place of Birth, (Street and Number) 874 Lemon St.
5. Full Name of Mother, Kate Elizabeth Corkrin
6. Mother's Maiden Name, Fisse
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. C. Corkrin
9. Father's Occupation Driver
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, H. W. Webner M.D.

Address, 723 N. Lombard St.

Remarks, Full name of child added by father Geo. C Corkrin, upon applying for a Transcript. Geo C Corkrin

8 9 8 0 0 0 1 7 4 0 Md. June 5-1926

Wm. J. C. Dulany Co., City Printers and Stationers.

9006

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 13th 98

4. Place of Birth, (Street and Number) 116 N. Hamburg st

5. Full Name of Mother, Mary J. Fritz

6. Mother's Maiden Name, Mary J. Frankes

7. Mother's Birthplace, Balto City

8. Full Name of Father, John J. Fritz

9. Father's Occupation Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Henry R. Cuskey

Address, 23 E. Pleasant st

Remarks, Doing well

8 7 8 U 0 0 0 7 4 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13 - 98
4. Place of Birth, (Street and Number) 715 S Fremont
5. Full Name of Mother, Josephine C Boyd
6. Mother's Maiden Name, Bollman
7. Mother's Birthplace, City
8. Full Name of Father, James A. Boyd
9. Father's Occupation, Butcher
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, B Jew MD

Address, 3 N Pace

Remarks,

8 7 8 0 0 0 0 7 4 2

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable ...its parents, the date and place of birth; and the ...practitioner or ...

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90059

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 8-1-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Marie Kuhn 3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 13th 1918

4. Place of Birth, (Street and Number) N. Fulton Ave 1610

5. Full Name of Mother, Mrs Connie C Kuhn

6. Mother's Maiden Name, Connie C Leicht

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Mr Gilbert C Kuhn

9. Father's Occupation Paver,

10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Mrs. Dr. J. Shockney

Address, 731 Cumberland

Remarks,

8 1 8 0 0 0 0 7 4 3

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

9006

90060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 13. 1878.
4. Place of Birth, (Street and Number) 125 N. Mechin St.
5. Full Name of Mother, Laura E Van Dauker
6. Mother's Maiden Name, " " Givens
7. Mother's Birthplace, Pa.
8. Full Name of Father, Leon R. Van Dauker
9. Father's Occupation Engineer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave.

Remarks,

B 4 8 0 0 0 0 7 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90061

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb. 13 - 1898.
4. Place of Birth, (Street and Number) 1414 Bruce St.
5. Full Name of Mother, Janie Booth.
6. Mother's Maiden Name, Janie Hucketh.
7. Mother's Birthplace, Prince George Co.
8. Full Name of Father, Wm H. Booth
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return, Matilda Johnson.

Address,

Remarks,

89800007745

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-7-54

RETURN OF A BIRTH.

90062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

Daisy Iris Newton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	f
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 13 '98
4. *Place of Birth, (Street and Number)*	1709 E Townsend
5. *Full Name of Mother,*	Daisy Bell Newton
6. *Mother's Maiden Name,*	" " Stanwill
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thos. J. Newton
9. *Father's Occupation*	Book-Keeper
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Wm J. W
Address,	160[illegible] St
Remarks,	

Extract Regulations of the Health Department, to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 78 0 0 0 7 4 6

90068

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

90063

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 13th '98

4. Place of Birth, (Street and Number) 1119 E. Mc. Elderry St.

5. Full Name of Mother, Lena Lulin

6. Mother's Maiden Name, Lena Stoenky

7. Mother's Birthplace, Catereenepole Rus.

8. Full Name of Father, Morris Dulin

9. Father's Occupation Tailor

10. Father's Birthplace, Slatopole Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klamansky

Address, 1022 E. Lombard St.

Remarks,

898000

SECTION 7. And be it further enacted, That it shall be the duty of every person in charge or superintendence of any house, tenement or lodging, to fill out on blank schedule, to be furnished by the Commissioner of Health of Baltimore, under whose charge or superintendence any child may be born, under his or her care during the month, and shall enter the same on blank schedule, to be furnished under his or her care during the month, and shall enter the same on blank schedule, to be furnished under his or her care during the month, and shall enter the same on blank schedule, to be furnished

[Form 1236]

RETURN OF A BIRTH.

a 90064

To the Office of Registrar of Vital Statistics, Board of Health, Baltin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 13 1898
4. *Place of Birth, (Street and Number)*	2010 Walbrook Ave.
5. *Full Name of Mother,*	Elsie Scott
6. *Mother's Maiden Name,*	Elsie Blunt.
7. *Mother's Birthplace,*	Anne Arundel Co. Md
8. *Full Name of Father,*	George E. Scott
9. *Father's Occupation*	Conductor.
10. *Father's Birthplace,*	Anne Arundel Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann Jan 1.
Address,	8 7 8 0 0 0 0 7 4 2
Remarks	

tract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

ECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of more under whose charge or superintendence a birth shall hereafter take place, shall by the Commissioner of ter of such birth, and shall enter the same on blank schedule, to be furnished, or her care during the more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct th. This schedule as far as the same can be ascertained the full name of each child, if any shall have th, and shall set forth as far as the same can be ascertained the date and place between the first and conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of any child schedule shall be delivered month to the office of the Commissioner of Health. In case the birth of such conferred, duly signed by the practitioner in the presence of midwifery, or should no other person be in day of each and every of a physician or practicer of midwifery of the person or parents of such schedule shall be delivered month to the office of the Commissioner of Health. In case the birth of such day without the attendance of a physician or practicer of midwifery of the person or parents of such occur upon the mother, immediately thereafter, in the manner and provisions of this section shall be sub- ance upon the mother, immediately thereafter, in the manner and provisions of this section shall be sub- occur upon the mother, immediately thereafter, in the manner and provisions of this section shall be sub- report its birth to the Commissioner of Health, comply with the provisions of this section shall be sub- person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90065

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 children

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 13th Dec 1895.

4. Place of Birth, (Street and Number) 224 Howard St

5. Full Name of Mother, Laura Dorsey

6. Mother's Maiden Name, Laura Smith

7. Mother's Birthplace, Easton accomack

8. Full Name of Father, John Dorsey

9. Father's Occupation Sailor

10. Father's Birthplace, Eastern accomack Co

Name of Medical Attendant, or other person who makes this Return, Annie Smith

Address, 1898 00007 49

Remarks,

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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~~GIVEN NAME ADDED~~ 8/12/71

RETURN OF A BIRTH.

90066 90066

90066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME OF CHILD: GERTRUDE ETHEL LEVIE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 of February 1898 1898
4. Place of Birth, (Street and Number) 10 S Pine St
5. Full Name of Mother, Lizie Levie
6. Mother's Maiden Name, Stake
7. Mother's Birthplace, Balto, Md
8. Full Name of Father, Jacob Levie
9. Father's Occupation Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Patterson West Texas

Address, [illegible]

Remarks, 1637 E Monument

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

36.]

RETURN OF A BIRTH.

90067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 14th 1898
4. *Place of Birth, (Street and Number)*	# 3198 Washington
5. *Full Name of Mother,*	Mary J. Tyler
6. *Mother's Maiden Name,*	Mary J. Walker
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	John A. Tyler
9. *Father's Occupation*	Cooper
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	241 S. Chester st.
Remarks,	

1898 000751

Wm. J. C. Dulany Co,. City Printers and Stationers.

When a birth shall occur, the same shall be registered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90068

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 14 1878
4. *Place of Birth, (Street and Number)*	2120 Bryant St
5. *Full Name of Mother,*	Delia Quinn
6. *Mother's Maiden Name,*	" Lester
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Quinn
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Morrison
Address,	412 Potts St
Remarks,	

B 4 8 0 0 0 0 5 7 5 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

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90069

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	14th February 1898
4. *Place of Birth, (Street and Number)*	# 523 Lambert St
5. *Full Name of Mother,*	Bessie Adams
6. *Mother's Maiden Name,*	Bessie A Colland
7. *Mother's Birthplace,*	Elk Ridge Landing Howard County Md
8. *Full Name of Father,*	James Augustus Adams
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Harford County Md
Name of Medical Attendant, or other person who makes this Return.	Midwife Mrs Poddett
Address,	Holstein St near Division St
Remarks,	None

Full name of child Vernon Bernard Adams

0000753

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...ner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...of midwifery, or should no other person be in ...of the person or parents of such ...mother, immediately thereafter it shall become the duty of ...period above required, and within the ...provisions of this section shall be sub... fail to comply with the ...dollars for each offence, to be recovered as other fines and forfeitures are recoverable

ORM 1236.]

RETURN OF A BIRTH.

90070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Feb 14 1898.
4. *Place of Birth, (Street and Number)* 220 S. Clinton St.
5. *Full Name of Mother,* Bridget Hughes.
6. *Mother's Maiden Name,* Bridget Donovan.
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* John Hughes.
9. *Father's Occupation* Tobacco.
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Pengry.

Address, 2225 Bank St.

Remarks, City.

8 9 8 U 0 9 0 7 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 14 th 1898
4. *Place of Birth, (Street and Number)*	No 306 E. Hamburg St.
5. *Full Name of Mother,*	Florence ~~Tolson~~ Howe
6. *Mother's Maiden Name,*	Florence Tolson
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	James H Howe
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Philadelphia Pa
Name of Medical Attendant, or other person who makes this Return,	Maggie A. Wilkinson
Address,	No 74 W. Cross St
Remarks,	

1898 00175

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7/26/60

RETURN OF A BIRTH. 90072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elsie Mary Akers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 14th 1895
4. *Place of Birth, (Street and Number)* 253 E. Hamburg St
5. *Full Name of Mother,* Mary Ann Akers
6. *Mother's Maiden Name,* M. A. Shafer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George F. Akers
9. *Father's Occupation,* Wool Weigher
10. *Father's Birthplace,* Essex county, Va.

Name of Medical Attendant, or other person who makes this Return, Elmore W. Anderson

Address, 434 Lemmon St

Remarks,

0980000756

register of such birth, and shall superintendence a birth shall hereafter take place, such a Health. This schedule shall contain a list of the Births which have occurred under his or her care during t month, and shall set forth, as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

9007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 14/98
4. Place of Birth, (Street and Number) 1115 Clifton Place
5. Full Name of Mother, Julia A. Eversman
6. Mother's Maiden Name, " " Callaway
7. Mother's Birthplace, Eastern Shore. Md.
8. Full Name of Father, Fred. Eversman
9. Father's Occupation Storekeeper
10. Father's Birthplace, Eastern Shore. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8980000757

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 14/98
4. Place of Birth, (Street and Number) 2219 Mura St.
5. Full Name of Mother, Julia Grace
6. Mother's Maiden Name, " Schafer
7. Mother's Birthplace, Balto.
8. Full Name of Father, George Grace
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disinhafer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8980000758

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 17th 1898
4. *Place of Birth, (Street and Number)*	208 E Pratt Street Highlandtown
5. *Full Name of Mother,*	Maggie Ruth Ho Hoffheins
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Edward Ruth
8. *Full Name of Father,*	Cabinetmaker
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kron, Midwife
Address,	Mrs H Kron, Midwife
Remarks,	1922 E Fayette Street

8980000759

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Col

3. *Date of Birth,* 2/14 98

4. *Place of Birth, (Street and Number)* Md Gen Hosp

5. *Full Name of Mother,* Lizzie Keeton

6. *Mother's Maiden Name,* Brown

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Ed. Keeton.

9. *Father's Occupation* Rolling miller.

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Gen Hosp

Remarks, 8980000760

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, 2/4 98
4. Place of Birth, (Street and Number) Mid Gen Hosp
5. Full Name of Mother, Maggie Sims
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Va.
8. Full Name of Father, Jos. Simpson
9. Father's Occupation waiter
10. Father's Birthplace, N.C.

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Mid Gen Hosp

Remarks, 8780000761

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 te

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th of February 98
4. Place of Birth, (Street and Number) 343 Forrest St
5. Full Name of Mother, Anna Bergel
6. Mother's Maiden Name, Anna Bauseis
7. Mother's Birthplace, Germany
8. Full Name of Father, John Bergel
9. Father's Occupation Bricken
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 216 N Patt St

Remarks,

1898 0000762

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht
3. Date of Birth, Feb 14 1898
4. Place of Birth, (Street and Number) No 1721 Covington St
5. Full Name of Mother, Mary Eliza France.
6. Mother's Maiden Name, Mary Eliza Harvey.
7. Mother's Birthplace, Mongomery County. Md.
8. Full Name of Father, Charles Ambrose France.
9. Father's Occupation Brakesman B. O.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks

Address, No 1828 Light St.

Remarks, Doing Well

1 8 9 8 0 0 0 0 7 6 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

Name: Charles Franklin Bailey

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 14, 1898
4. Place of Birth, (Street and Number) 578 Forrestman st.
5. Full Name of Mother, Mary E. Bailey.
6. Mother's Maiden Name, " " Maclabee
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, T. F. Bailey.
9. Father's Occupation R.R. Engineer
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return, O. Edward Janney M.D.

Address, 837 N. Eutaw st

Remarks,

8 9 8 0 0 0 7 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...e practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practioner of midwifery, or should no other person be in ...after it shall become the duty of the person or parents of such ...alth, in the manner and within the period above required, and ...l to comply with the provisions of this section, shall be sub- ...e, to be recovered as other fines and forfeitures are recoverable.

...name and occupation of ...said schedule shall be delivered, duly signed by the ...third day of each and every month to the office of the ...shall occur without the attendance of a physician or ...attendance upon the mother, immediately thereafter it ...child to report its birth to the Commissioner of Health, ...any such person or persons who shall hereafter fail to com- ...jected to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH. 90081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 14/98
4. Place of Birth, (Street and Number) 1917 Passon st
5. Full Name of Mother, Lena Breudel
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Ludwig J Breudel
9. Father's Occupation Clergyman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas H. Vogel

Address, 2712 Evergreen Terrace

Remarks, 8980000765

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 14, 1898
4. Place of Birth, (Street and Number) April 2 & 3 31
5. Full Name of Mother, Hosler City
6. Mother's Maiden Name, Hosler Beach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George H Ogle
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. S. Ville

Address, 1922 Wilkins Ave

Remarks, 6780000766

Every midwife or physician or practioner of midwifery, or other person who shall attend upon the birth of any child shall report its birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90083

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 4 1898
4. Place of Birth, (Street and Number) Russell st No 341
5. Full Name of Mother, Elizabeth wife
6. Mother's Maiden Name, Elizabeth Lillas
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John E wife
9. Father's Occupation Carpenter
10. Father's Birthplace, Easton

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8 9 8 0 0 0 0 7 6 7

Each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) FeMale
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 14th 1895.
4. Place of Birth, (Street and Number) 2936 Elliott st
5. Full Name of Mother, Annie M. F. Jones
6. Mother's Maiden Name, Annie M. F. Koehler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert S. Jones
9. Father's Occupation Painter
10. Father's Birthplace, Tenessee

Name of Medical Attendant, or other person who makes this Return, P. Liersemann.

Address, 1107 Chesapeake street.

Remarks, none

8 7 8 0 0 0 0 7 6 8

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RETURN OF A BIRTH. 12085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 16th 1898
4. Place of Birth, (Street and Number) 617 S. Green st
5. Full Name of Mother, Mary E. Fohs
6. Mother's Maiden Name, Mary E. Eliason
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George J. Fohs
9. Father's Occupation Casting Inspector
10. Father's Birthplace, Newark N J

Name of Medical Attendant, or other person who makes this Return, Mrs Bauer

Address, 711 Bunn Alley

Remarks, 8 7 8 0 0 0 0 7 6 9

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 80086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 13--1898
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Louisa Jamart
6. Mother's Maiden Name, Louisa Wilhelm
7. Mother's Birthplace, Maryland
8. Full Name of Father, Thomas M. Jamart
9. Father's Occupation Salesman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dorsey

Address, The Johns Hopkins Hospital.

Remarks, 8 9 8 0 0 0 0 7 7 0

shall any or each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90087

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 13 —

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 15 1899

4. Place of Birth, (Street and Number) 104 E Chapel st

5. Full Name of Mother, Mary Margaret Schmidt Weisinger

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Germany

8. Full Name of Father, Caharles Joseph Schmidt

9. Father's Occupation Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, P. G. Daunchill

Address, 1731 E. Baltimore st

Remarks, 8 9 8 0 0 0 0 7 7 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 90088

GIVEN NAME ADDED 3-19-70

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Ruth Sneeringer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 15 98
4. Place of Birth, (Street and Number) 1435 Wyndhurst ave
5. Full Name of Mother, Sarah Sneeringer
6. Mother's Maiden Name, Sarah Klinekiust
7. Mother's Birthplace, Baltimore County, Maryland
8. Full Name of Father, Eugene C. Sneeringer
9. Father's Occupation Commission Business
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Dr. A. Gibbons M.D.

Address, 1102 W. Lafayette ave

Remarks, 8 7 6 0 0 0 0 7 7 2

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 15 th 1898
4. *Place of Birth, (Street and Number)* 827 W. Lexington St
5. *Full Name of Mother,* Catherine L. Techudy
6. *Mother's Maiden Name,* Graf
7. *Mother's Birthplace,* Indiana Pa
8. *Full Name of Father,* George A. Techudy
9. *Father's Occupation* Cab Builder
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Miss Minnie Graf

Address, 827 W. Lexington St

Remarks,

B 7 8 0 0 0 0 0 7 7 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

90090

RETURN OF A BIRTH.

90090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) -2-

1. Sex, (~~state whether male or~~ female) female
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, 15 of Feb 1898 at 10 minutes of 8 oclock P.m
4. Place of Birth, (Street and Number) 802 Shuter Street-
5. Full Name of Mother, Amanda Felman
6. Mother's Maiden Name, ~~~~ Pitts
7. Mother's Birthplace, Frontroyal Co. Va.
8. Full Name of Father, Levi Felman
9. Father's Occupation Labor
10. Father's Birthplace, Mercersburg Pa.

Name of Medical Attendant, or other person who makes this Return, Josephine Amos. Cooper

Address, 902 McDonogh Street

Remarks, Both mother an Daughter are well

Baltimore 8 y 8 N 0 0 7 7 A

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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9009

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13"

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Feb 15 1900
4. Place of Birth, (Street and Number) 129 Rogerson
5. Full Name of Mother, Martha Patterson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Wm Patterson
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Wm Clyde Burns

Address, 1262 E Fayette St

Remarks, Infant's Health Officer

0 0 0 7 7 5

Said Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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Over

RETURN OF A BIRTH. 90092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male — Earl ~~Smith~~ Be Gar
2. Race or Color, (if not of the white race) white
3. Date of Birth. febr. 15th 98
4. Place of Birth, (Street and Number) 1316 James st
5. Full Name of Mother, Maria M. ~~Smith~~ Be Gar
6. Mother's Maiden Name, Willi
7. Mother's Birthplace, fremnt O.
8. Full Name of Father, Harry E Smith Be Gar
9. Father's Occupation, Agent
10. Father's Birthplace, Vincent Ind Indiana

Name of Medical Attendant, or other person who makes this Return, Dr John Vassalli

Address, 1735 W Pratt st.

Remarks, 8 4 8 0 0 0 0 7 7 6

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The Commissioner of Health may require such facts which have occurred under his or her care during the time of the said child, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

90098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) female.
3. Date of Birth, February 15, 1898.
4. Place of Birth, (Street and Number) 1801 Hanford avenue.
5. Full Name of Mother, Mattie a. Dyott
6. Mother's Maiden Name, Mattie a. Fairbanks.
7. Mother's Birthplace, St Michaels Maryland.
8. Full Name of Father, James a. Dyott
9. Father's Occupation, D
10. Father's Birthplace, St. Michaels Maryland.

Name of Medical Attendant, or other person who makes this Return, J. J. Mayfield, M.D.

Address, 1707 Caroline Street.

Remarks,

8980000777

Wm J. C. Dulany Co., City Printers and Stationers.

90094

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 15/98
4. Place of Birth, (Street and Number) 306 S. Chappel St.
5. Full Name of Mother, Mary Kaufman
6. Mother's Maiden Name, L. Twist
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Kaufman
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer.

Address, MIDWIFE, 2225 Gough St. Baltimore, Md

Remarks,

8980000778

In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy Baby
2. Race or Color, (if not of the white race) Col
3. Date of Birth, February 5 1898
4. Place of Birth, (Street and Number) 626 S. Durham St.
5. Full Name of Mother, Anna Esser
6. Mother's Maiden Name, Hinman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Esser
9. Father's Occupation Stevedore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Pell

Address, 838 S. Broadway St.

Remarks,

8980000779

Wm. J. C. Dulany Co., City Printers and Stationers.

within ten days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

90096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 15. February 1898.
4. *Place of Birth, (Street and Number)* 405. Kastel Str.
5. *Full Name of Mother,* Yennie Yminn.
6. *Mother's Maiden Name,* Yennie Streb.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Arthur Yminn.
9. *Father's Occupation* Wagontreiber.
10. *Father's Birthplace,* Boston.

Name of Medical Attendant, or other person who makes this Return, Mary A. Glass.

Address, 1. V. A. 950 E. Str.

Remarks,

8 9 8 0 0 0 0 7 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

1. *Sex*, (state whether male or female) the full name and occupation of its parents, the date and place of birth, and the
2. *Race or Color*, (if not of the white race) said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
3. *Date of Birth*, third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
4. *Place of Birth*, (Street and Number) shall occur without the attendance of a physician or practicuer of midwifery, or the person or parents of such
5. *Full Name of Mother*, attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
6. *Mother's Maiden Name*, child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
7. *Mother's Birthplace*, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
8. *Full Name of Father*, jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
9. *Father's Occupation*
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH 90597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Feby 15th 1898
4. Place of Birth (Street and Number),	600 Hanover Street
5. Full Name of Mother,	Mary Anderson Beaver
6. Mother's Maiden Name,	Mary Anderson
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Arthur H. Beaver
9. Father's Occupation,	Clerk.
10. Father's Birthplace,	E Shore of Maryland.
Name of Medical Attendant, or other person who makes this Return.	Dr Jerome Reinhardt M D
Address,	300 W. Lanvale St
Remarks,	

8 7 8 U 0 0 0 7 8 1

The same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereof of any child shall occur without shall be every month to the office of the Commissioner of Health. In case the birth of any such person be in attendance upon the each and every month to the office of midwifery, or person or parents of such any such person or persons the attendance of a physician or practitioner of midwifery, or person or parents of such any such person or persons mother. Immediately thereafter it shall become the duty of the period above required, and within the period shall be subjected to the fine of ten (10) dollars the Commissioner of Health, in the manner and within the provisions of this section shall be recoverable. who shall hereafter fail to comply with the provisions of this section are recoverable. for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

90098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 15th 1898
4. *Place of Birth, (Street and Number)*	202 N Chapel Street
5. *Full Name of Mother,*	Lilian M Forrester
6. *Mother's Maiden Name,*	do Hulcalph
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jas H Forrester
9. *Father's Occupation*	Paperhanger
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs A Kroon Midwife
Address,	1922 E Fayette Street
Remarks,	

8980000782

Wm. J. C. Dulany Co., City Printers and Stationers.

To the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 15 st 1898
4. *Place of Birth, (Street and Number)* 79 S. Linden Ave City
5. *Full Name of Mother,* Mrs H M Lizzie Dorsey
6. *Mother's Maiden Name,* Miss M Lizzie Weeks
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry J. Dorsey
9. *Father's Occupation* Baltimore Co
10. *Father's Birthplace,* mrs

Name of Medical Attendant, or other person who makes this Return, Charity Jones midwife

Address,

Remarks,

8 9 8 0 0 0 0 7 8 3

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner aforesaid. And in case any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

9407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 15. 1898
4. Place of Birth, (Street and Number) 1424 Decatur st
5. Full Name of Mother, Harriette Rohloff
6. Mother's Maiden Name, Landers Mager
7. Mother's Birthplace, Balto
8. Full Name of Father, Richard Rohloff
9. Father's Occupation Lamplighter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline A Stewart

Address, 434 Fort Ave

Remarks,

8980000784

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

9101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Feb 14 1908
4. *Place of Birth, (Street and Number)* 1820 Eutaw St
5. *Full Name of Mother,* Anna Payne
6. *Mother's Maiden Name,* Dent Kerr
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Lewis B Payne
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jane Mayhew

Address,

Remarks,

8 7 8 0 0 0 0 7 8 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

9402

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Feb 17 96
4. *Place of Birth, (Street and Number)* 27 Bunker al
5. *Full Name of Mother,* Harriet Wylie
6. *Mother's Maiden Name,* Harriet Reed
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Wm Wylie
9. *Father's Occupation* Sub
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, James Strickland

Address,

Remarks,

8 7 8 0 0 0 0 7 8 6

day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236]

40108

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hilda Lee Kohlhepp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th of Febuary 1898

4. Place of Birth, (Street and Number) 704 - 35½ E Hampden City

5. Full Name of Mother, Bertie Kohlhepp

6. Mother's Maiden Name, " Holler

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Henry C Kohlhepp

9. Father's Occupation Jeweler

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gunnerman

Address, 145 Chestnut ave Hampden City

Remarks, GIVEN NAME ADDED. 5.25.54

8980000787

SECTION 7.—And be it further enacted, and ordained that every person [illegible] Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

9010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruby Virginia Rodkey	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Feb 15 - 1898
4. Place of Birth, (Street and Number)	929 Forest St
5. Full Name of Mother,	Deana M. Rodkey
6. Mother's Maiden Name,	Deana M. Fair
7. Mother's Birthplace,	Union Town Md.
8. Full Name of Father,	Edworthy Rodkey
9. Father's Occupation	Fireman
10. Father's Birthplace,	Union Town Md
Name of Medical Attendant, or other person who makes this Return,	Clara A. Brent
Address,	# 929 Forest St City
Remarks,	All right. GIVEN NAME ADDED. 11-5-53 L M.

8 9 8 0 0 0 0 7 8 8

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practioner of midwifery, in case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Feb 4 1892
4. *Place of Birth, (Street and Number)* 711 East Ave.
5. *Full Name of Mother,* Annie Lehman.
6. *Mother's Maiden Name,* Annie Lentz.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Anton Lehmann.
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant or other person who makes this Return, Wm. Hay, M.D. Surgeon

Address, 2225 Bank St. City

Remarks,

8 4 8 0 0 0 0 7 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 16. 1898
4. Place of Birth, (Street and Number) No 112. W. Eaton St.
5. Full Name of Mother, Minnie Dora Henrich
6. Mother's Maiden Name, Minnie Dora Holdenig
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Charles Henrich
9. Father's Occupation Foreman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Brooks

Address, No 1828 Light St

Remarks, Doing Well

8980000790

Wm. J. C. Dulany Co., City Printers and Stationers.

and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 11th 1898
4. *Place of Birth, (Street and Number)*	904 Russel St
5. *Full Name of Mother,*	Mary Ortlip Roberts
6. *Mother's Maiden Name,*	Mary Ortlip
7. *Mother's Birthplace,*	Cecil County Md
8. *Full Name of Father,*	Albert M Roberts
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Balt Md
Name of Medical Attendant, or other person who makes this Return.	Robt K Kneas
Address,	1001 a Lancaster
Remarks,	Balt Md

8980000791

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 9708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* Feb 16 / 98
4. *Place of Birth, (Street and Number)* 1431 Argyle ave
5. *Full Name of Mother,* Theresa A. H. Albert
6. *Mother's Maiden Name,* " " " Lindsley
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Spalding Albert
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, John S. Fuck.

Address, 647 N Lafayette ave

Remarks, ...

8780000792

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Race
3. Date of Birth, February 6 1898
4. Place of Birth, (Street and Number) 621 S Bond St
5. Full Name of Mother, Lizzy Kennedy
6. Mother's Maiden Name Fuhr
7. Mother's Birthplace, Pole
8. Full Name of Father, Frank Kennedy
9. Father's Occupation Watchman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Roth

Address, 928 S Bond St

Remarks,

8 9 8 0 0 0 0 7 9 3

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH.

9710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 16 February 1878
4. *Place of Birth, (Street and Number)* 1528 Burrough st city
5. *Full Name of Mother,* Hattie Allen
6. *Mother's Maiden Name,* Hattie Quinn
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Joseph. Allen
9. *Father's Occupation.* Garbage Cart
10. *Father's Birthplace,* Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson st city

Remarks,

8980000794

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Feb. 16 1895.
4. *Place of Birth, (Street and Number)* 421 N. Bond St.
5. *Full Name of Mother,* Emma Mann
6. *Mother's Maiden Name,* Emma Marshall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. Mann
9. *Father's Occupation* Blacksmith.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, 421 N. Bond St.

Remarks,

8980000795

Wm. J. C. Dulany Co,. City Printers and Stationers.

90112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 16th 1898
4. Place of Birth, (Street and Number) 1219 N. Broadway
5. Full Name of Mother, Emma Grace McCutchen
6. Mother's Maiden Name, " " Parker
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Robert L. McCutchen
9. Father's Occupation Machinist
10. Father's Birthplace, Rochester N. Y.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8 4 8 0 0 0 0 7 9 6

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

9078

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 16-1898

4. Place of Birth, (Street and Number) 743 Lancaster St

5. Full Name of Mother, Josephine Shelley

6. Mother's Maiden Name, Josephine Frantzman

7. Mother's Birthplace, Maryland

8. Full Name of Father, Edward R Shelley

9. Father's Occupation Engineer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, D J Long

Address,

Remarks,

8480000797

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the or petitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 16 - 1898
4. *Place of Birth, (Street and Number)*	122 Portland Ave
5. *Full Name of Mother,*	Willie Davis
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Wm J. Davis
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	~~E Delong~~
Address,	115 N Lombard
Remarks,	

8788000007998

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 3-28-51

RETURN OF A BIRTH.

9018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Herman Pohl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 16th 1898
4. *Place of Birth, (Street and Number)* 1025 Lamont
5. *Full Name of Mother,* Maggie Pohl
6. *Mother's Maiden Name,* Maggie Kane
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Pohl
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* City (Baltimore)

Name of Medical Attendant, or other person who makes this Return, Dr. Josephine Buck

Address, 1051 Augusta St

Remarks,

8 9 8 0 0 0 0 7 9 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 Feb 1898
4. *Place of Birth, (Street and Number)* 1743 Duncan Alley
5. *Full Name of Mother,* ~~Christ~~ Christine Prediger
6. *Mother's Maiden Name,* Christine Schubert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Prediger
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 N Caroline st

Remarks,

1 8 9 8 0 0 0 0 8 0 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

90717

RETURN OF A BIRTH.

90717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 16th 1898
4. Place of Birth, (Street and Number) No: 2130 Eagel alt
5. Full Name of Mother, Florence Waxter
6. Mother's Maiden Name, Florence Stevens
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Frank Waxter
9. Father's Occupation Huckster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick ave

Remarks,

EY8000080I

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner hereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-29-66

RETURN OF A BIRTH.

9318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, John Dewey Gosnell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-4-

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 16/98
4. Place of Birth, (Street and Number) 2959 Cedar Ave
5. Full Name of Mother, Alice A Gosnell
6. Mother's Maiden Name, " Harding
7. Mother's Birthplace, Howard Co Md
8. Full Name of Father, Arthur F Gosnell
9. Father's Occupation Laborer
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wm H Fahrenbacher

Address, #102 Chestnut Ave

Remarks,

8980000802

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

9019

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	16 February 1898
4. Place of Birth, (Street and Number)	121 willow st
5. Full Name of Mother,	Magie Murphy,
6. Mother's Maiden Name,	Magie Kenedy
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Tom Murphy
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return,	Jas, Cunningham
Address,	
Remarks,	

8980000803

Wm. J. C. Dulany Co., City Printers and Stationers.

915 Eager 2

RETURN OF A BIRTH. 90120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, in case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4te

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th February 98
4. Place of Birth, (Street and Number) 2008 N Pratt St.
5. Full Name of Mother, Katie Schmale
6. Mother's Maiden Name, Katie Kirst
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Schmale
9. Father's Occupation machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keesler midwife

Address, 2116 N Pratt St

Remarks,

8 9 8 0 0 0 0 8 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

9021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept 16 1895
4. *Place of Birth, (Street and Number)*	1008 Shirley Alley
5. *Full Name of Mother,*	Annie Williams
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Born in Baltimore
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Hanna Lane
Address,	629 Sarah Ann st
Remarks,	

8 7 8 0 0 0 0 8 0 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 17 - 1898
4. Place of Birth, (Street and Number) 120 E. Caroline St.
5. Full Name of Mother, Florence M. Schmidt
6. Mother's Maiden Name, Jamison
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charley Schmidt
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Baltimore St

Remarks,

8 9 8 0 0 0 0 8 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2it in all
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colard
3. *Date of Birth,*	Feb 17 1898
4. *Place of Birth, (Street and Number)*	#633 Pearce strat
5. *Full Name of Mother,*	Eliza ann carroll
6. *Mother's Maiden Name,*	Eliza ann Clinton
7. *Mother's Birthplace,*	St Marys Co md
8. *Full Name of Father,*	James Frances Carroll
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	St Marys Co md
Name of Medical Attendant, or other person who makes this Return.	Mrs F Myers
Address,	No 729 Bradley Av City
Remarks,	

8 9 8 0 0 0 0 8 0 7

Shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

9024

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first.
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	Thursday 10th of February 1898
4. *Place of Birth, (Street and Number)*	539 N. Lanvale st.
5. *Full Name of Mother,*	Josephine Christian
6. *Mother's Maiden Name,*	Josephine Neal.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James. Christian
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Norfolk Va.
Name of Medical Attendant, or other person who makes this Return	Mary J. Fossett.
Address,	534 N Adeline St
Remarks,	No 8980 00008 03

C. DULANY & CO., CITY PRINTERS AND STATIONERS

230]

RETURN OF A BIRTH. 90125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth, 17th February, 1898
4. Place of Birth, (Street and Number) 909 Patuck Alley
5. Full Name of Mother, Katie Peters
6. Mother's Maiden Name, Katie Clayton
7. Mother's Birthplace, Baltimore ~~Baltimore~~ Md.
8. Full Name of Father, Charles ~~Charles~~ Peters
9. Father's Occupation Porter in store
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Annie M Davis

Address, 914 Seaden ~~Seaden~~ st.

Remarks,

8980000809

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Race
3. Date of Birth, February 11 1898
4. Place of Birth, (Street and Number) 736 Bond St
5. Full Name of Mother, Mary Lapatansky
6. Mother's Maiden Name, Petrowski
7. Mother's Birthplace, Pole
8. Full Name of Father, John Lapatansky
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Putt

Address, 736 Bond St.

Remarks,

8 9 8 0 0 0 0 8 1 0

Shall keep a true and correct account of the cases of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90127

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 17 1898
4. Place of Birth, (Street and Number) 132 Front St
5. Full Name of Mother, Fannie Henkin
6. Mother's Maiden Name, F. Surden
7. Mother's Birthplace, Russia
8. Full Name of Father, Harry Henkin
9. Father's Occupation Stock keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsburg

Address, 95 S Lloyd St

Remarks, 8 9 8 0 0 0 0 8 1 1

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 17, 1895
4. *Place of Birth, (Street and Number)* 16 S. Gilmor St.
5. *Full Name of Mother,* Nettie E. Hood
6. *Mother's Maiden Name,* Elsey
7. *Mother's Birthplace,* Frederick Co. Md.
8. *Full Name of Father,* John Hood
9. *Father's Occupation* Physician
10. *Father's Birthplace,* Bedford Co. Pa.

Name of Medical Attendant, or other person who makes this Return, John A. Hood, M.D.

Address, 16 S. Gilmor St.

Remarks,

8 9 8 0 0 0 0 8 1 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

90129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)*
2. *Race or Color, (If not of the white race)*
3. *Date of Birth,* Feb 17 1908
4. *Place of Birth, (Street and Number)* 521 Bond St.
5. *Full Name of Mother,* Maggie C Smith
6. *Mother's Maiden Name,* Boland
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Jas H Smith
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1520 Bond St.

Remarks,

8 9 8 0 0 0 0 8 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

90130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 17 1898

4. Place of Birth, (Street and Number) 821 Caroline St.

5. Full Name of Mother, Agatha Lane

6. Mother's Maiden Name, Agatha Duncan

7. Mother's Birthplace, Balto.

8. Full Name of Father, William Lane

9. Father's Occupation Engineer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Isaac L. Sarazine

Address, 820 S. Caroline St.

Remarks,

8 7 8 0 0 0 0 8 1 4

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

9081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Thursday February 17th 98
4. *Place of Birth, (Street and Number)* 1000 Carrollton Ave
5. *Full Name of Mother,* Nannie Clayton
6. *Mother's Maiden Name,* Nannie Bush
7. *Mother's Birthplace,* Culvers County
8. *Full Name of Father,* A Randall Clayton
9. *Father's Occupation* Balto & Ohio R.R. employee
10. *Father's Birthplace,* Ala County Md

Name of Medical Attendant, or other person who makes this Return, Stanley Smith MD

Address, 114 W Mulberry St

Remarks,

8980000815

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 17th, 1898
4. Place of Birth, (Street and Number) Roland Park
5. Full Name of Mother, Alice Gertrude Young
6. Mother's Maiden Name, Eldred.
7. Mother's Birthplace, Burlington Heights, Ohio.
8. Full Name of Father, Walter DeLyle Young
9. Father's Occupation Electrical Engineer
10. Father's Birthplace, New York State

Name of Medical Attendant, or other person who makes this Return, Walter Belgian M.D.

Address, 2020 N. Charles St.

Remarks,

8980000816

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

9088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (State whether male or female), Female
2. Race or color, (if not of the white race) White
3. Date of Birth, February 17 1898
4. Place of Birth, (Street and Number) 523 N. Howard St.
5. Full Name of Mother, Mrs. C. A. Brooks
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Mr. C. A. Brooks
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return G. Lattergrinhal

Address, 1235 West Lafayette Avenue

Remarks,

8980000817

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 90184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febru. 17/98
4. Place of Birth, (Street and Number) 2003 E. Lombard Str.
5. Full Name of Mother, Amalie Link
6. Mother's Maiden Name, " Baltzer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Bernhard Link
9. Father's Occupation Liggarm.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 0 0 0 0 8 1 8

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

RETURN OF A BIRTH. 90785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 4th 1893

4. Place of Birth, (Street and Number) 107 Cypress St

5. Full Name of Mother, Lillie Scott

6. Mother's Maiden Name, Lillie Bo[illegible]

7. Mother's Birthplace, Essex Co Va

8. Full Name of Father, Samuel Scott

9. Father's Occupation Laborer

10. Father's Birthplace, Essex Co Va

Name of Medical Attendant, or other person who makes this Return, Fred Dorsey

Address, 107 Cypress St

Remarks,

8 9 8 0 0 0 0 8 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be given to the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-2-59

90786

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Rosenbauer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 17th 1898
4. Place of Birth, (Street and Number) 1202 N. Chester st.
5. Full Name of Mother, Mrs. Marie Rosenbauer
6. Mother's Maiden Name, Marie Leusel
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Otto Rosenbauer
9. Father's Occupation Silversmith
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return W. C. Sandrock

Address, 1242 N. Broadway

Remarks,

8980000820

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 10137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 18, 1898
4. *Place of Birth, (Street and Number)* 211 E. Montgomery St.
5. *Full Name of Mother,* Sarah Satchel
6. *Mother's Maiden Name,* Sarah Hamilton
7. *Mother's Birthplace,* Roanoke Co. Va.
8. *Full Name of Father,* Amos Satchel
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Roanoke Co. Va.

Name of Medical Attendant, or other person who makes this Return, C. Williams

Address, 910 Linden Ave

Remarks,

8 9 8 0 0 0 0 8 2 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

9438

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 1 —

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Febr. - 18 - 1898

4. Place of Birth, (Street and Number) 405 N. Central av.

5. Full Name of Mother, Lena Hanauer

6. Mother's Maiden Name, " Newkirk

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Lena Hanauer

9. Father's Occupation Fireman

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, P. G. Dauschum

Address, 1731 E. Baltimore st.

Remarks,

8 9 8 U 0 0 0 8 2 2

...C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Feb 18 1898
4. *Place of Birth, (Street and Number)* 717 Lemmon al
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* Annie Johnson
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Wm Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Jane Woodland

Address,

Remarks,

8 9 8 0 0 0 0 8 2 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90140

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18th February 1898

4. Place of Birth, (Street and Number) 1001 W Cross st

5. Full Name of Mother, Florance M Reuside

6. Mother's Maiden Name, " " Feathers

7. Mother's Birthplace, Baltimore County and.

8. Full Name of Father, John B. Reuside

9. Father's Occupation Grocer

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Mary B Keller

Address,

Remarks,

8 9 8 0 0 0 0 8 2 4

In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every third day of each and every month to the office of the Commissioner of Health.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

9044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, Feb. 8 th 1904,
4. Place of Birth, (Street and Number) 1426, Patapsco St.,
5. Full Name of Mother, Mary J. Temple,
6. Mother's Maiden Name, Mary J. Cox,
7. Mother's Birthplace, Balto City
8. Full Name of Father, William J. Temple,
9. Father's Occupation Laborer,
10. Father's Birthplace, Balto. City,

Name of Medical Attendant, or other person who makes this Return, Dr. Mary L. Cosby

Address, 213 E. 4th St.

Remarks, Baby very well,

8 9 8 0 0 0 0 8 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

The above certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* boy 917 Caroline st
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 February 1898
4. *Place of Birth, (Street and Number)* 4 Anna Young
5. *Full Name of Mother,* = Flanigan
6. *Mother's Maiden Name,* Ball.
7. *Mother's Birthplace,* Henri Young
8. *Full Name of Father,* =
9. *Father's Occupation* Ball.
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 W Central Av.

Remarks,

8980000826

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

90123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Friday Feb. 18th, 1898
4. *Place of Birth, (Street and Number)*	1313 West St.
5. *Full Name of Mother,*	Mary Mc. Guire Coulter.
6. *Mother's Maiden Name,*	Mary Mc. Guire.
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William T. Coulter.
9. *Father's Occupation*	Plumber.
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton M.D.
Address,	S.W. Cor. Calvert & Preston Sts.
Remarks,	

8980000827

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 18 98
4. *Place of Birth, (Street and Number)*	225 Hooker St.
5. *Full Name of Mother,*	Lizzie Carey
6. *Mother's Maiden Name,*	" O'Boy
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	James Carey
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	1326 E. Preston St.
Remarks,	

8 7 8 0 0 0 0 8 2 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of births, and shall enter therein the particulars of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

286.]

RETURN OF A BIRTH. 90745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Alfred Peter Baier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4-

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 18/98
4. Place of Birth, (Street and Number) 810 Calhoun St-
5. Full Name of Mother, Laura R. Baier
6. Mother's Maiden Name, " " Walstrum
7. Mother's Birthplace, Harford Co. Md
8. Full Name of Father, Peter Baier
9. Father's Occupation Translator
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm H Faddeman

Address, #102 Chestnut Ave

Remarks,

8 9 8 U 0 0 0 8 2 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	m
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	Feb 18 '98
4. *Place of Birth, (Street and Number)*	928 E Eager
5. *Full Name of Mother,*	Florence Ellen Albrecht
6. *Mother's Maiden Name,*	" " Eller
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Stephen Aug. Albrecht
9. *Father's Occupation*	- Saver -
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1601 Broadway
Remarks,	Premature birth - 7 mos - died in hr
	chn 24 8h 8d 0 0 0 8 3 0

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

CERTIFICATE AMENDED 2/14/68 90747

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARY MARGARET ~~CARR~~ CARR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 18 1898
4. Place of Birth, (Street and Number) No 122 E. Clement St
5. Full Name of Mother, Mary ~~L~~ CARR
6. Mother's Maiden Name, Mary Delaney.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert E ~~L~~ CARR
9. Father's Occupation Engineerman
10. Father's Birthplace, New Jersey.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Brooks.

Address, No 1828 Light St.

Remarks, Doing Well

8980000831

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90148

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 18, 1878
4. Place of Birth, (Street and Number) 155½ Hanford ave. Balto. Md
5. Full Name of Mother, Ada Garrett
6. Mother's Maiden Name, Danford
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, William Garrett.
9. Father's Occupation, Founder.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mary Virginia Tibbs.

Address, 719 Dunn St. Baltimore Md.

Remarks,

1898000832

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

9-1149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 17 1898
4. Place of Birth, (Street and Number) 1327 N Caroline St
5. Full Name of Mother, Lillian E. Keagle
6. Mother's Maiden Name, Lillian E. Tilney
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles F. Keagle
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Albert S. Robinson M.D.

Address, 1037 N Caroline St.

Remarks,

18980000833

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

9769

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feby 18th 1898
4. Place of Birth, (Street and Number)	N 302 Division St
5. Full Name of Mother,	Louisa Berlin
6. Mother's Maiden Name,	Kirk
7. Mother's Birthplace,	Balto Co
8. Full Name of Father,	George Berlin
9. Father's Occupation	Coachman
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Chas E Leslie
Address,	
Remarks,	

8980000834

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

9067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 18 - 1898
4. Place of Birth, (Street and Number) 916 - Rogers Ave
5. Full Name of Mother, L Belle Holland
6. Mother's Maiden Name, Carrie Bell Simmons
7. Mother's Birthplace, Maryland
8. Full Name of Father, Howard Holland
9. Father's Occupation Plumber
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, D J Long

Address, 115 N Fort Smallwood

Remarks,

8 9 8 0 0 0 0 8 3 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

9062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 18 1898.
4. Place of Birth, (Street and Number) No. 129 Harford ave.
5. Full Name of Mother, Mary Guckert
6. Mother's Maiden Name, Mary Griffin
7. Mother's Birthplace, Maryland
8. Full Name of Father, Edward Guckert
9. Father's Occupation Shifting Clerk.
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Guy A. Elwell M.D.

Address, 1741 Harford ave

Remarks,

8 9 8 0 0 0 0 8 3 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

9078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feb 18th. 1898
4. *Place of Birth, (Street and Number)*	406 Ogston st.
5. *Full Name of Mother,*	Fannie Elizabeth Boardley
6. *Mother's Maiden Name,*	" Weaver
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	John Tilghman Boardley
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	A M Cook
Address,	1052 Wyoth ave
Remarks,	

8 9 8 0 0 0 0 8 3 7

month, and shall set forth as far as the same can be ascertained, the full name and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

9016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 18/98
4. Place of Birth, (Street and Number) 223 S. Washington Str.
5. Full Name of Mother, Fanny Witheger
6. Mother's Maiden Name, " Heine
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Witheger
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

1898 U 000838

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-17-60

RETURN OF A BIRTH.

9765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Aggienora Perkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 18th Feb 1898

4. Place of Birth, (Street and Number) 1207 Durst alley

5. Full Name of Mother, Williemina Perkins

6. Mother's Maiden Name, Tierney

7. Mother's Birthplace, Va

8. Full Name of Father, Eugene Perkins

9. Father's Occupation Laborer

10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Elizabeth Pyewell

Address, 656 E Fort Ave

Remarks,

8980000839

Every birth must be reported to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 15 1895
4. *Place of Birth, (Street and Number)* 1011 Wilkins Ave
5. *Full Name of Mother,* Julia Stinchcomb
6. *Mother's Maiden Name,* Julia Tuttle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Orin Stinchcomb
9. *Father's Occupation* Stone mason
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Ann S Kelly

Address, 1012 Wilkins Ave

Remarks,

8 9 8 0 0 0 0 8 4 0

Every case of birth occurring in the city of Baltimore, after the passage of this ordinance, in which a physician or practitioner of midwifery, or should no other person be in attendance, shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

9015.7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8c

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 19 12. 98

4. Place of Birth, (Street and Number) 1711 Brit 2 00

5. Full Name of Mother, Rosa Zimmerman

6. Mother's Maiden Name, Rosa Beardman

7. Mother's Birthplace, Germany

8. Full Name of Father, Rudolf Zimmerman

9. Father's Occupation grocery store keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, H. J. Feller

Address, 1922 McElderry

Remarks,

8 9 8 0 0 0 0 8 4 1

If the child is born alive and dies before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

9.]

RETURN OF A BIRTH.

9018

GIVEN NAME ADDED 8-4-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male Harry Cohen

2. Race or Color, (if not of the white race) white,

3. Date of Birth, Feb 19, 1898

4. Place of Birth, (Street and Number) 1005. Gow St.

5. Full Name of Mother, Sary Cohen

6. Mother's Maiden Name, Solomon

7. Mother's Birthplace, Pollen Block State.

8. Full Name of Father, Abrum Cohen

9. Father's Occupation Tailor

10. Father's Birthplace, Russia Block State.

Name of Medical Attendant, or other person who makes this Return, H. Flinder M.D.

Address, 143. N. Grant St.

Remarks,

8 9 8 0 0 0 0 8 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Said certificate shall be delivered, duly signed by the practitioner or midwife, to the person required to report the birth, who shall receive the same from the messenger of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh -

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Baby 19th 1898
4. *Place of Birth, (Street and Number)* 844 W. North Ave
5. *Full Name of Mother,* Clementine Norwood
6. *Mother's Maiden Name,* Gortrue
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John E. Norwood
9. *Father's Occupation* Agent
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, E Eugene Baughman

Address, 844 W. North Ave -

Remarks, —

8 9 8 0 0 0 0 8 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	February 19th 98
4. *Place of Birth, (Street and Number)*	Maternity - 115 W Lombard
5. *Full Name of Mother,*	Sarah O'Neil
6. *Mother's Maiden Name,*	Sarah Reddick
7. *Mother's Birthplace,*	North Carolina
8. *Full Name of Father,*	James O'Neil
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	N. Car.
Name of Medical Attendant, or other person who makes this Return,	E Baynton M.D.
Address,	115 W Lombard
Remarks,	

8 7 8 0 0 0 0 8 4 4

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feb. 19th. 1898
4. *Place of Birth, (Street and Number)*	160 Dolphin St.
5. *Full Name of Mother,*	Sarah Jane Jones
6. *Mother's Maiden Name,*	Bagley
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	James E. Jones
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	C M Cook
Address,	1052 Myrtle Ave
Remarks,	

1898000845

Wm. J. C. Dulany Co., City Printers and Stationers.

90162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 19/95
4. *Place of Birth, (Street and Number)*	2400 Penna. ave.
5. *Full Name of Mother,*	Mrs Frank W. Delaney
6. *Mother's Maiden Name,*	Jennie Fox
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Frank W. Delaney
9. *Father's Occupation*	Druggist
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	E. A. Reid M.D.
Address,	2531 Penna ave.
Remarks,	8 4 6 0 0 0 0 8 4 6

the Secretary shall be sufficient, duly signed in the presence of a witness, to be entered on the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

9063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 6 —

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb. 19 1902

4. Place of Birth, (Street and Number) 109 N. Collington ave

5. Full Name of Mother, Annie Landbeter Brockmeier

6. Mother's Maiden Name, "

7. Mother's Birthplace, Ger

8. Full Name of Father, Frank Landbeter

9. Father's Occupation Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, P. G. Jaenecke

Address, 1731 E Pratt

Remarks,

8980000847

Wm. J. C. Dulany Co., City Printers and Stationers

FILM

RETURN OF A BIRTH.

90164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 1898
4. *Place of Birth, (Street and Number)* 735 Hunt Hill
5. *Full Name of Mother,* Sarah C. Johnson
6. *Mother's Maiden Name,* " " C. Benson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hallie F Johnson
9. *Father's Occupation* Mill-hand
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Wm. H. Feldmann

Address, #102 Chestnut Ave

Remarks,

18980000848

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Race
3. *Date of Birth,* February 19 1898
4. *Place of Birth, (Street and Number)* 917 S. Caroline St.
5. *Full Name of Mother,* Annie Leonard
6. *Mother's Maiden Name,* Flynn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Leonard
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, 938 S. Bond St

Remarks,

8980000849

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

6.]

RETURN OF A BIRTH. 9066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1561 9th 98
4. *Place of Birth, (Street and Number)* 1153 N Caroline
5. *Full Name of Mother,* Laura E. Hessley
6. *Mother's Maiden Name,* " " Michael
7. *Mother's Birthplace,* Hanover Pa
8. *Full Name of Father,* William E. Hessley
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, John Black

Address, 647 N Lafayette ave

Remarks,

8980000850

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the father of every child born in this State, and in case the father shall be dead, or absent from the State, then of the mother, and in case both parents shall be dead, then of the guardian of the child, and in case both parents shall be dead, and the child shall have no guardian, then of the person having the charge of the child, and in case the child shall not be provided for by any person, then of the occupier of the house in which the child shall be born, and in case the child shall be born in any public institution, then of the officer or person having the charge of such institution, to report to the Commissioner of Health, in the manner and within the period hereinafter provided, the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife, if any, in attendance upon the mother at the birth of the child; and in case the child shall be born in any house, and no physician or midwife shall be in attendance upon the mother at the birth of the child, then the occupier of the house in which the child shall be born shall report the name of the mother, and the date and place of birth of the child, to the Commissioner of Health, in the manner and within the period hereinafter provided; and in case the child shall be born in any house, and no person

RETURN OF A BIRTH. 9067

CERTIFICATE CORRECTED 7/10/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Irene Johnson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child Living

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 February 1898
4. Place of Birth, (Street and Number) 1130 Rivers Ave
5. Full Name of Mother, Johnson, Lillie ~~Johnston~~
6. Mother's Maiden Name, Lillie Markes
7. Mother's Birthplace, Richmond Virginia
8. Full Name of Father, Johnson, Manjamin H ~~Johnston~~
9. Father's Occupation Laborer
10. Father's Birthplace, Amherst Co

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks

Address, 1828 Lights St

Remarks, Dang Well

8980000851

Within ten days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

9068

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 19 — 1899
4. Place of Birth, (Street and Number) 1419 E. Balt st.
5. Full Name of Mother, Johanna Turner
6. Mother's Maiden Name, Quirk
7. Mother's Birthplace, Ireland
8. Full Name of Father, Charles Turner
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Harry Stein

Address, 1427 E Balt St

Remarks,

8980000852

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 19th 1898
4. *Place of Birth, (Street and Number)* 619 Fred. Ave Eyl
5. *Full Name of Mother,* Nellie Beatty
6. *Mother's Maiden Name,* Nellie Bergdon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Howard Beatty
9. *Father's Occupation* Electrician
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Lewis H. Gundry M.D.

Address, 917 Fred. Ave Eyl

Remarks, ...

8980000853

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

9070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	Feb. 19. 1898
4. *Place of Birth, (Street and Number)*	Bloomingdale Road Annex
5. *Full Name of Mother,*	Mary Croxall Morgan.
6. *Mother's Maiden Name,*	Mary Croxall Vickers.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	John Hurst Morgan.
9. *Father's Occupation,*	Lawyer.
10. *Father's Birthplace,*	Maryland.
Name of Medical Attendant, or other person who makes this Return.	Dr. W. P. Morgan
Address,	316 W Monument St
Remarks,	

8 9 8 0 0 0 0 8 5 4

DULANY & CO., CITY PRINTERS AND STATIONERS

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Girl, Female.
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* February 19th 1895.
4. *Place of Birth, (Street and Number)* 2126 Eutaw Ave.
5. *Full Name of Mother,* Louisa E.
6. *Mother's Maiden Name,* Kramer
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* David Fet.
9. *Father's Occupation* Farmer.
10. *Father's Birthplace,* England.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Eutaw St.

Remarks, [illegible]

8480000855

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 20, 1898

4. Place of Birth, (Street and Number) 245 Albemarle St.

5. Full Name of Mother, Rosa Bransky

6. Mother's Maiden Name, Malyakor

7. Mother's Birthplace, Russia

8. Full Name of Father, Nathan Bransky

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E Soberman

Address, 43 Albemarle St

Remarks,

8980000856

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 State of Maryland

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* February 20. 1898.
4. *Place of Birth, (Street and Number)* Baltimore 103 Barre St
5. *Full Name of Mother,* Nadiza Jarvis
6. *Mother's Maiden Name,* Nadiza Nicolas
7. *Mother's Birthplace,* Cambridge
8. *Full Name of Father,* Porter Henry Jarvis
9. *Father's Occupation* Porter.
10. *Father's Birthplace,* Mathews Co Va.

Name of Medical Attendant, or other person who makes this Return. Jane Simms.

Address, 614 Ratorg Street

Remarks, I could not make my report

Corp Comm. 8 9 8 U 0 0 0 8 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 20 98
4. Place of Birth, (Street and Number) 1302 West St.
5. Full Name of Mother, Sarah Conley
6. Mother's Maiden Name, " Quillane
7. Mother's Birthplace, Ireland
8. Full Name of Father, Peter Conley
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J H Robinson M.D.

Address, 1762 Park Ave

Remarks,

8 9 8 0 0 0 0 8 5 8

Shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

3.]

RETURN OF A BIRTH. 9076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28th of February 1898
4. *Place of Birth, (Street and Number)*	1 [illegible] Eastern Ave
5. *Full Name of Mother,*	Kate Conrad
6. *Mother's Maiden Name,*	[illegible] Fritz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	[illegible] Conrad
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. R. Donovan
Address,	1637 Aliceanna
Remarks,	Doing Well

8 7 8 0 0 0 0 8 5 9

Said Return shall be made to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 20th 1898.
4. Place of Birth, (Street and Number) 1137 Orleans St
5. Full Name of Mother, Jane Dawes
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, George Dawes
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kyle

Address, 105 N Washington Ave

Remarks,

8980000860

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

9477

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7-

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* feburey 20 1898
4. *Place of Birth, (Street and Number)* rogerstone 104
5. *Full Name of Mother,* [illegible] coreen gones
6. *Mother's Maiden Name,* coreen london
7. *Mother's Birthplace,* Balltimore
8. *Full Name of Father,* William green
9. *Father's Occupation* gober
10. *Father's Birthplace,* Balltimor

Name of Medical Attendant, or other person who makes this Return, caroline paterson

Address, 816 north dallas St

Remarks, doning Well

8 7 8 0 0 0 0 8 6 1

said schedule shall be delivered daily, Sundays excepted, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 20/98
4. Place of Birth, (Street and Number) 2212 Orleans St.
5. Full Name of Mother, Louisa Jung
6. Mother's Maiden Name, " Sommers
7. Mother's Birthplace, Balto.
8. Full Name of Father, Konrad Jung
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

3980000862

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 February 1878
4. Place of Birth, (Street and Number) 2611 Fait ave. St
5. Full Name of Mother, Meky Dylek
6. Mother's Maiden Name, M Imszewska
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Dylek
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Beyer

Address, 921 Amr St

Remarks, Baltimore

8 9 8 0 0 0 0 8 6 3

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 20th 1898
4. *Place of Birth, (Street and Number)*	1737 McCulloh Street
5. *Full Name of Mother,*	Kate Waldhauser nee Hildebrand
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Michael Waldhauser
8. *Full Name of Father,*	Laborer
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	Mrs H Kraus Midwife
Name of Medical Attendant, or other person who makes this Return,	1922 E Fayette Street
Address,	
Remarks,	

8980000864

Wm. J. C. Dulany Co., City Printers and Stationers.

...the birth of any child ...of the Commissioner of Health. In case the birth of any child ...or practitioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall be the duty of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions ...third day of each and every month to the office of the C...

RETURN OF A BIRTH.

90781

CERTIFICATE CORRECTED 7/19/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anne Marie Finan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 20th Feb 1898
4. Place of Birth, (Street and Number) 442 E Eager St
5. Full Name of Mother, Margarett Finan ~~Finan~~
6. Mother's Maiden Name, Reed
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Finan ~~Finan~~
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 650 E Fort Ave

Remarks,

8 4 8 0 0 0 0 8 6 5

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 1-13-60

RETURN OF A BIRTH. 9982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First — Schade
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Feb. 20. 98.
4. Place of Birth, (Street and Number)	1421 E. Eager St.
5. Full Name of Mother,	~~Infant~~ ~~Shade~~ Mary E. Schade
6. Mother's Maiden Name,	Mary E. ~~Barbazon~~ Barlag
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Godfrey ~~Shade~~ Schade
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	E. C. Peterson M. D.
Address,	1058 N. Broadway
Remarks,	

8 9 8 0 0 0 0 8 6 5

parents, the date and place of birth, and the said Physician shall be entitled to receive from the City Treasury a fee of fifty cents for each certificate by him made and delivered to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

9018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 February 1898

4. Place of Birth, (Street and Number) 743 Ramsay st

5. Full Name of Mother, Lydia Schmidt

6. Mother's Maiden Name, Lydia Stiebrecht

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Adolph Schmidt

9. Father's Occupation Butcher

10. Father's Birthplace, Harrisburg Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 711 Broadway

Remarks, 8 9 8 0 0 0 0 8 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90184

GIVEN NAME ADDED 8/17/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Wilfred a Lawrence

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 20 1916
4. *Place of Birth, (Street and Number)* 1121 Eutaw St
5. *Full Name of Mother,* Clara A Lawrence
6. *Mother's Maiden Name,* Clara A Nicholson
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Francis E Lawrence
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return, Dr J Kelly

Address, 1922 Mitlin Ave

Remarks,

8 9 8 0 0 0 0 8 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

9785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry ~~Baader~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 20th 1898
4. Place of Birth, (Street and Number) 2028 Boyd st
5. Full Name of Mother, Lena Baader
6. Mother's Maiden Name, Lena Meier
7. Mother's Birthplace, Baiern
8. Full Name of Father, Rudolf Baader
9. Father's Occupation Mount Clare
10. Father's Birthplace, Bohmen

Name of Medical Attendant, or other person who makes this Return, Mrs Miller

Address, 2008 MC Henry st

Remarks,

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

3 4 8 0 0 0 0 8 6 9

RETURN OF A BIRTH.

90186

90186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 20 1898
4. Place of Birth, (Street and Number) 234 N. Chester
5. Full Name of Mother, Rose J. White
6. Mother's Maiden Name, Rose J. Gibbons
7. Mother's Birthplace, Charles Co. Md
8. Full Name of Father, Fredk White
9. Father's Occupation Mariner
10. Father's Birthplace, Somerset Co Md.

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D.

Address, 129 S. Broadway

Remarks,

1898 00 00 870

Wm. J. C. Dulany Co,. City Printers and Stationers.

90787

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, Feb. 21st 98,
4. Place of Birth, (Street and Number) 1809 E. Charles St.
5. Full Name of Mother, Lilie, M. Harding
6. Mother's Maiden Name, Lilie, M. Ruby.
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Geo. E. Harding.
9. Father's Occupation Laborer.
10. Father's Birthplace, Howard Co.

Name of Medical Attendant, or other person who makes this Return, Dr. R. Cassard

Address, 213 E. Heath St.

Remarks, Doing Very well.

8 7 8 0 0 0 0 8 7 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Oct 20th 1898.
4. Place of Birth, (Street and Number) Baltimore Oct 4th 819 N. Patterson Pl.
5. Full Name of Mother, Mary Kellough.
6. Mother's Maiden Name, C. E. Shidler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Kellough
9. Father's Occupation Liver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Kearney

Address, 1410 S. Stricker St.

Remarks, Mother and Child are doing well.

8 7 8 0 0 0 0 8 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

90189

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2/20 98
4. Place of Birth, (Street and Number) Md Gen Hosp
5. Full Name of Mother, Katie Eppley
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father, Geo arnold.
9. Father's Occupation Civil Engineer.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr L Todd

Address, Md Gen. Hosp

Remarks,

8 9 8 U 0 0 0 8 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...thirty day of each and every month to the Registrar of Vital Statistics, the name of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 20th 1898
4. *Place of Birth, (Street and Number)* 836 N. Front street
5. *Full Name of Mother,* Katie Squires
6. *Mother's Maiden Name,* " McMahon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Squires
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1036 N. Front street

Remarks,

8 7 8 0 0 0 0 8 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

9019

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 20th February 1898
4. Place of Birth, (Street and Number) 120 E. Pratt St
5. Full Name of Mother, Elizabeth Baker
6. Mother's Maiden Name, Elizabeth Schmidt
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, St. Louis Bailey
9. Father's Occupation Mechanic
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm. Manns

Address, 800 Eastern Ave Street.

Remarks,

8 9 8 U 0 0 0 8 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

9092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Feb 26th 1898.
4. *Place of Birth, (Street and Number)* 224 S. Schuyler St.
5. *Full Name of Mother,* Lucy H. Pinto.
6. *Mother's Maiden Name,* Lucy H. Pedrick.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John A. Pinto.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L. Sarsa

Address, 225 Bank St. City

Remarks,

8 9 8 0 0 0 0 8 7 6

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-14-54

RETURN OF A BIRTH.

9093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Viola Roberts

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 20 98

4. Place of Birth, (Street and Number) 1933 Christian St.

5. Full Name of Mother, Catherine Roberts

6. Mother's Maiden Name, " Baith

7. Mother's Birthplace, Balto.

8. Full Name of Father, Wm H. Roberts

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. L. Hoopes M.D.

Address, 220 N. Gilmor St.

Remarks,

8980000877

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Feb 20th 1898

4. *Place of Birth, (Street and Number)* 1116 Stiles st

5. *Full Name of Mother,* Annie Edwards

6. *Mother's Maiden Name,* Annie Ruffin

7. *Mother's Birthplace,* Middlesex Co Va

8. *Full Name of Father,* William Edwards

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Caroline Co Va

Name of Medical Attendant, or other person who makes this Return, Mary Young

Address, 1809 Lombard st

Remarks,

8780000878

Wm. J. C. Dulany Co,. City Printers and Stationers.

90195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	February 20. 98
4. *Place of Birth, (Street and Number)*	1203 Ensor St
5. *Full Name of Mother,*	Elizabeth Jmaith Hansen
6. *Mother's Maiden Name,*	Bältr County
7. *Mother's Birthplace,*	Charles Jmaith
8. *Full Name of Father,*	Cake Baker
9. *Father's Occupation,*	Balto city
10. *Father's Birthplace,*	Jno 41 Pickel. Bal
Name of Medical Attendant, or other person who makes this Return.	312 Ashland ave
Address,	
Remarks,	8980000879

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 9096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 20th 1898
4. *Place of Birth, (Street and Number)*	853 Lemmon St.
5. *Full Name of Mother,*	Lottie Dragseth
6. *Mother's Maiden Name,*	Lottie Christian
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Dragseth
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return,	Irving Hosey
Address,	809 Lemmon St.
Remarks,	

8 9 8 0 0 0 0 8 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

90499

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirteenth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Feb 20th 1898
4. Place of Birth, (Street and Number) 1438 Vincent Alley
5. Full Name of Mother, Harriet ~~Gaither~~ Corby Gaither
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Moses Corby
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, J Waitman Willy Jr.

Address, 1414 Fulton Ave

Remarks, 18980000881

third day of each and every month to the office of the Commissioner of Health. Any physician or midwife, or other person who shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

9048

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored.
3. *Date of Birth,*	Oct. 20. 1898.
4. *Place of Birth, (Street and Number)*	210 Myrtle Ave.
5. *Full Name of Mother,*	Rosie Turner
6. *Mother's Maiden Name,*	Rosie Irving
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Isaiah N. Turner.
9. *Father's Occupation,*	Porter,
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other person who makes this Return.	J. Williams Lords
Address,	825 N. Arlington Ave
Remarks,	

8 7 8 0 0 0 0 8 8 2

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

DULANY & CO., CITY PRINTERS AND STATIONERS

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb. 20 1891
4. *Place of Birth, (Street and Number)* 824 E Fawn Lane
5. *Full Name of Mother,* Carrie Burdick
6. *Mother's Maiden Name,* Carrie Miller
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Burdick
9. *Father's Occupation* Labour
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Daniel L. Lovejoy

Address, 824 E. Fawn St

Remarks,

6 7 8 0 0 0 0 8 8 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) two children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, February 21, 1898
4. Place of Birth, (Street and Number) 1636 Hanover St
5. Full Name of Mother, Mary Crane
6. Mother's Maiden Name, Mary Merrick
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Willie Crane
9. Father's Occupation, Cap maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return; Margt. A Lambert

Address, 122 E Lexington St.

Remarks, Mother and Baby doing well

8 7 8 0 0 0 0 8 8 4

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 7/28/90

RETURN OF A BIRTH. 9290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: NELLIE HYDE ~~HARRINGTON~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 21st 1898.
4. *Place of Birth, (Street and Number)* 1324 Aisquith St.
5. *Full Name of Mother,* Fannie Harrington
6. *Mother's Maiden Name,* Fannie Wilson
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jacob F. Harrington
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas. E. Ford M.D

Address, Dromard Ave & 25th St.

Remarks,

8980000885

Said Schedule shall be delivered, duly signed by the practitioner in the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 21st 1898
4. *Place of Birth, (Street and Number)* 214 N Eutaw St
5. *Full Name of Mother,* Ella McHein
6. *Mother's Maiden Name,* O Brien
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John McHein
9. *Father's Occupation* Teaching Salesman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 827 W. Lexington St

Remarks,

8 7 8 0 0 0 0 8 8 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

...third day of each and every month to the Registrar. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90203

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 21 1898
4. Place of Birth, (Street and Number) 913 Fawn St
5. Full Name of Mother, Annie Silverman
6. Mother's Maiden Name, Levin
7. Mother's Birthplace, Russia
8. Full Name of Father, Salaman Silverman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finesberg

Address, 25 Lloyd St

Remarks,

8 7 8 U 0 0 0 8 8 7

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3rd

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Nee. William Nelson

1. *Sex.* (state whether male or female) Male

2. *Race or Color.* (if not of the white race) White

3. *Date of Birth.* 31st January 1898

4. *Place of Birth.* (Street and Number) #16 Hastings St. Balto. City Md.

5. *Full Name of Mother.* Mrs. Annie R. McEneas.

6. *Mother's Maiden Name.* Mrs. Annie R. Fickel

7. *Mother's Birthplace.* Balto. City. Md.

8. *Full Name of Father.* Wm. J. McEneas.

9. *Father's Occupation.* Electrician

10. *Father's Birthplace.* Balto City. Md.

Name of Medical Attendant, or other person who makes this Return. Margaret V. Fickel

Address. #1465 Cary St. Balto. City Md.

Remarks.

1898 0000888

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

(Over)

RETURN OF A BIRTH.

90205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Leo Rook

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 21st 1898
4. Place of Birth, (Street and Number)	1002 Front Place
5. Full Name of Mother,	Emma Rook
6. Mother's Maiden Name,	Emma McAleer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Rook
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Josephine Bunch
Address,	1051 Augusta St
Remarks,	

8 7 8 0 0 0 0 8 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY HEALTH DEPARTMENT
BUREAU OF VITAL STATISTICS

APPLICATION FOR RECORD SEARCH NO. 90206
2/21/1896

DATE OF APPLICATION Feb. 3 1941

I REQUEST A COPY OF CERTIFICATE OF BIRTH OR DEATH IDENTIFIED AS FOLLOWS:

NAME OLDRICH CERNY DATE OF BIRTH OR DEATH JAN. 30 1898

PLACE OF BIRTH OR DEATH BALTO MD.
(STREET NUMBER, CITY, STATE)

FOR WHAT PURPOSE DESIRED Job

FOR BIRTHS: NAME OF FATHER John CERNY

MAIDEN NAME OF MOTHER MARIE POLCARNY

NUMBER IN ORDER OF BIRTH 3

APPLICANT Oldrich Cerny

ADDRESS 628 N. Chester st.

Excerpt of Ordinance Governing Transcripts of Births and Deaths

SECTION 369 of ARTICLE 16 of the Baltimore City Code of 1927.

The Commissioner of Health shall have authority to issue a transcript of birth or death, upon the request in writing of a responsible person, for which he shall charge the sum of fifty cents for each and every one furnished.

Whenever a search of the records is made without result, a similar charge shall be made for a certificate, stating such facts except when such applicant shall fail to furnish the full data when a special charge of not more than one dollar shall be made.

VS 1

8 9 8 0 0 0 0 8 9 0

RETURN OF A BIRTH.

90206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 24 1898.
4. Place of Birth, (Street and Number) 1813 Ashland Ave.
5. Full Name of Mother, Marie Tenny
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, John Tenny
9. Father's Occupation Carpenter
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kopta

Address, 425 N Washington Ave

Remarks,

3 9 8 0 0 0 0 8 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 21 February 1898

4. *Place of Birth, (Street and Number)* 803 Gay St.

5. *Full Name of Mother,* Kate Gittermeister Gaddetz

6. *Mother's Maiden Name,* Germany

7. *Mother's Birthplace,* Empire Gittermeister

8. *Full Name of Father,* Baker

9. *Father's Occupation* Germany

10. *Father's Birthplace,* Chas. Wilson.

Name of Medical Attendant, or other person who makes this Return,

Address, 1231 Hall St. Saint Paul.

Remarks,

8 9 8 0 0 0 0 8 9 2

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child 1898
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21 January 1898
4. *Place of Birth, (Street and Number)*	134 Light St
5. *Full Name of Mother,*	Ida Pierce
6. *Mother's Maiden Name,*	Ida Ellis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Williams Parsons
9. *Father's Occupation*	Sailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	132 S. Light St
Remarks,	Saing Well

8980000893

Every physician or practitioner of midwifery, or other person in attendance upon the birth of any child shall report its birth to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child 1898
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21 February 1898
4. *Place of Birth, (Street and Number)*	1525 Charles St
5. *Full Name of Mother,*	Laura Virginia Taylor
6. *Mother's Maiden Name,*	Laura Virginia Bayley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles William Taylor
9. *Father's Occupation*	City Fireman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Dang Bell

8980000894

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90210

RETURN OF A BIRTH.

90210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21 February 1898
4. *Place of Birth, (Street and Number)*	1422 Hanover St
5. *Full Name of Mother,*	Eliza Calvert
6. *Mother's Maiden Name,*	Eliza Emmell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harvard Calvert
9. *Father's Occupation*	Worker Mariner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	825 Light St
Remarks,	Doing Well

8980000895

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

98211
11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 21st 1898
4. *Place of Birth, (Street and Number)* #3101 Cedar Ave
5. *Full Name of Mother,* Lena McCann McCullough
6. *Mother's Maiden Name,* Maryland
7. *Mother's Birthplace,* Andrew E. McCann
8. *Full Name of Father,* Shipper
9. *Father's Occupation* Pennsylvania
10. *Father's Birthplace,* R. B. Norment M.D.

Name of Medical Attendant, or other person who makes this Return, 324 Falls Road

Address,

Remarks,

8980000895

Wm. J. C. Dulany Co., City Printers and Stationers.

...the Commissioner of Health. In case the birth of any child ... or practicioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or practicioner ... thereafter it shall become the duty of the person or parents of such ... attendance upon the mother, immediately, and within the period above required, and ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. ... third day of each and every month to the office of the Commissioner of Health.

RETURN OF A BIRTH.

90212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 21st 1898
4. Place of Birth, (Street and Number) #2830 Bernard Ave.
5. Full Name of Mother, Annie Rose Pond
6. Mother's Maiden Name, Howard.
7. Mother's Birthplace, Scotland.
8. Full Name of Father, Henry Pond
9. Father's Occupation R. R. Howard
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, R. B. Normentwd.

Address, 320 Falls Road

Remarks,

8 7 8 U 0 0 0 8 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 21 1898
4. Place of Birth, (Street and Number) 445 Ostend st
5. Full Name of Mother, Maggie E. Smith
6. Mother's Maiden Name, Maggie E. Hughes
7. Mother's Birthplace, Balto City Md
8. Full Name of Father, Chas. H. Smith
9. Father's Occupation Locomotive Fireman
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return, Mrs Savage

Address, 711 Bond St.

Remarks,

8980000898

third day of each and every month to the ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

902164

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 6 1902

4. Place of Birth, (Street and Number) 2220 Druid Ehart

5. Full Name of Mother, Blanche Crawford

6. Mother's Maiden Name, Prince

7. Mother's Birthplace, Texas

8. Full Name of Father, Benjamin

9. Father's Occupation Steward

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Howard E Kelly M D

Address, 1019 Madison Ave

Remarks,

8 9 8 0 0 0 8 9 9

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report the birth as shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person of persons who shall

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 21th 1898
4. Place of Birth, (Street and Number) 760 N Baltimore st
5. Full Name of Mother, Kate Josphine Scanlan
6. Mother's Maiden Name, Kate Josphine Tyrrell
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James Francis Scanlan
9. Father's Occupation Undertaker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm G Hunter

Address, 2 E 10th Preston St

Remarks,

8980000900

been completed at the time of delivery, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 Feb 98
4. *Place of Birth, (Street and Number)* 8 Carroll St
5. *Full Name of Mother,* Anna Maurice Bustong
6. *Mother's Maiden Name,* " Maurice
7. *Mother's Birthplace,* St Marys Co.
8. *Full Name of Father,* Thos L Bustong
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, Mrs Marie Romano

Address, 302 N. High St

Remarks, O K

8980000901

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 21-1898
4. *Place of Birth, (Street and Number)* 133 N. Hoffman St.
5. *Full Name of Mother,* Susie Bowen
6. *Mother's Maiden Name,* Susie Thompson
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* James R. Bowen
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1124 Park Ave.

Remarks,

8980000902

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall be dated as of the same day of the month on which the child was born. The date and place of birth, and the name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3rd

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Feb. 21st 1898.
4. *Place of Birth,* (*Street and Number*) 1512 N. Washington st.
5. *Full Name of Mother,* Annie G. Finch
6. *Mother's Maiden Name,* " " Holland
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Wm. W. Finch
9. *Father's Occupation* Stone cutter
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8 4 8 0 0 0 0 9 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

9025

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd Feb. 1897
4. Place of Birth, (Street and Number) No 1313 Druid Hill Ave. L. P.
5. Full Name of Mother, Mary Lautz
6. Mother's Maiden Name, " Fiedler
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Lautz
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Lizzie Schaffler

Address, No 1707 E. Lanvale Ave. L. P.

Remarks,

8980000904

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90220

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 21st '98
4. Place of Birth, (Street and Number) 625 E. Lombard St.
5. Full Name of Mother, Sadie ~~Moses~~ Cohen
6. Mother's Maiden Name, Sadie Cohen
7. Mother's Birthplace, Dinaritz Rus.
8. Full Name of Father, Moses Cohen
9. Father's Occupation Tailor
10. Father's Birthplace, Dinaritz Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1022 E Lombard St

Remarks, City

8 7 8 0 0 0 0 9 0 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 22, '98.
4. Place of Birth, (Street and Number) 344, 3½ St.
5. Full Name of Mother, Estelle Gale
6. Mother's Maiden Name, " Landram.
7. Mother's Birthplace, Spotsylvania Co., Va.
8. Full Name of Father, Morris Rowe Gale.
9. Father's Occupation Motorman
10. Father's Birthplace, Spotsylvania Co., Va.

Name of Medical Attendant, or other person who makes this Return. C. H. Dixon, M.D.

Address, 222 E. 23d St.

Remarks, Normal case.

8480000906

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Febr. 22/98
4. *Place of Birth, (Street and Number)* 1725 Eastern Ave.
5. *Full Name of Mother,* Annie Vorstey
6. *Mother's Maiden Name,* " Wolfersman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Herman Vorstey
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, 1721 Gough St. Baltimore, Md

Remarks, MIDWIFE.

8 9 8 U 0 0 0 9 0 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

90228

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, 22d Dec 1892

4. Place of Birth, (Street and Number) No 120 Druid Ave. 2d

5. Full Name of Mother, Eva Mathis

6. Mother's Maiden Name, Emmons

7. Mother's Birthplace, Georgia

8. Full Name of Father, Steve Doe

9. Father's Occupation Laborer

10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return, Dr. Louis Schaffer

Address, Corner E. Lan. Ave. 2d

Remarks,

8980000908

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Females (Twins)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 27/1898
4. Place of Birth, (Street and Number) #2713 Huntingdon Ave
5. Full Name of Mother, Ida M. Ball
6. Mother's Maiden Name, " " Lewin
7. Mother's Birthplace, Balto Co. Md.
8. Full Name of Father, Francis S Ball
9. Father's Occupation Laborer
10. Father's Birthplace, Montgomery Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Feldmann M.D.

Address, #102 Chestnut Ave

Remarks,

8 9 8 U 0 0 0 9 0 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female (2nd of twins)
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 27 98
4. *Place of Birth, (Street and Number)* 2713 Huntingdon Ave
5. *Full Name of Mother,* Ida M Ball
6. *Mother's Maiden Name,* " " Lewin
7. *Mother's Birthplace,* Balto Co Md.
8. *Full Name of Father,* Frank L Ball
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Montgomery Co Md.

Name of Medical Attendant, or other person who makes this Return, Wm D F Duncan

Address, # 102 Chestnut Ave

Remarks,

8 9 8 0 0 0 0 9 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Midwife shall make a return to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 22 '98
4. *Place of Birth, (Street and Number)* 521 La Fayette Ave
5. *Full Name of Mother,* Alice Spaulding Brown
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Edgar Spaulding
9. *Father's Occupation* Real Estate
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Lucy Taylor

Address, 1705 Bond

Remarks,

8980000911

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

90227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 22nd 1895
4. Place of Birth, (Street and Number) 1307 Andre St.
5. Full Name of Mother, Katie Johnson
6. Mother's Maiden Name, Katy White
7. Mother's Birthplace, England
8. Full Name of Father, Geo. W. Johnson
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Dinocor

Address, 218 N. Madison St.

Remarks,

3480000912

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feb. 22 - 1898
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Bettie Whaling
6. Mother's Maiden Name, Bettie Brooks
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, John Whaley
9. Father's Occupation Farmer
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Prof. Lo. Do Blin

Address, the Johns Hopkins Hospital.

Remarks,

8 9 8 0 0 0 0 9 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

90229

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Christian

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color 1

3. Date of Birth, Jan 22 1898

4. Place of Birth, (Street and Number) 536 Walnut Alley Left

5. Full Name of Mother, Amelia Jones 1

6. Mother's Maiden Name, Annie Amelia Brinkley

7. Mother's Birthplace, Elizabeth Jones Georgia

8. Full Name of Father, Edward Jones Savannah

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Ann Mason

Address, 527 Walnut Alley Baltimore Md.

Remarks, none

8780000914

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

902**30**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Feb 22nd 1898
4. *Place of Birth, (Street and Number)*	No. 2842 Wilkens St
5. *Full Name of Mother,*	Bertha Wagner
6. *Mother's Maiden Name,*	Bertha Leiges
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Johann Wagner
9. *Father's Occupation*	Cooper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Helena Thomas
Address,	No. 512 Frederick Ave
Remarks,	

8980000915

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 22/98
4. Place of Birth, (Street and Number) No. 627 N Chapel Ave
5. Full Name of Mother, Fanny Greible
6. Mother's Maiden Name, Swartz
7. Mother's Birthplace, Germany
8. Full Name of Father, Phillip Greible
9. Father's Occupation Farmer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Green.

Address, 1907 E Monument St

Remarks,

6780000916

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

70232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 22 1898
4. *Place of Birth, (Street and Number)* Paris 19 S 11
5. *Full Name of Mother,* Emma L Kirsch
6. *Mother's Maiden Name,* Emma L Wade
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Joseph W Kirsch
9. *Father's Occupation* machinist
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs J Sellers

Address, 1919 22 William Ave

Remarks,

8 9 8 0 0 0 0 9 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...thirty day of each and every month of the year, to the Commissioner of Health, or to the midwifery, or should no other person be in attendance of a physician or practioner of midwifery, or should become the duty of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, (Over) 90233

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of child OWEN W. PRINCE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Feby 22 / 1898
4. *Place of Birth, (Street and Number)*	518 Wilson St
5. *Full Name of Mother*	Emma Prince
6. *Mother's Maiden Name*	" Rocke
7. *Mother's Birthplace*	Md.
8. *Full Name of Father*	Owen Prince
9. *Father's Occupation*	Paperhanger
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	W.M. Lewis MD
Address	1220 Linden ave
Remarks	

8 9 8 0 0 0 0 9 1 8

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

90284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Feb 22 1895
4. *Place of Birth, (Street and Number)*	934 Caroline Ave
5. *Full Name of Mother,*	Alice Lena
6. *Mother's Maiden Name,*	Goodman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Lena
9. *Father's Occupation*	Iron worker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary Morgan
Address,	410 Dent St
Remarks,	

8 7 8 0 0 0 0 9 1 9

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH

92285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22nd Feb. 1898

4. Place of Birth, (Street and Number) 1036 N. Eden St.

5. Full Name of Mother, Fannie Maguire

6. Mother's Maiden Name, Fannie Holland

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, Wm. H. Maguire

9. Father's Occupation, Sail Manufacturer

10. Father's Birthplace, Madison, Wisconsin U.S.A.

Name of Medical Attendant, or other Person who makes this Return. C. F. Maguire, M.D.

Address, 1729 E Baltimore St.

Remarks,

8 9 8 0 0 0 0 9 2 0

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 90286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feby 22 - 98.

4. Place of Birth, (Street and Number) 1103 E. Pratt

5. Full Name of Mother, Rebecca Jacobson

6. Mother's Maiden Name, Rebecca Klavansky

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Jacobson

9. Father's Occupation. Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, W. Savage, M.D.

Address, 6 E. Lexington St.

Remarks,

18980000921

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 90237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Feb 1898
4. Place of Birth, (Street and Number) 1502 N. Gay st
5. Full Name of Mother, Elizabeth Peterson
6. Mother's Maiden Name, Elizabeth Seaman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter Scott Peterson
9. Father's Occupation, Store Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Brune

Address, 1600 N. Chester st

Remarks,

8 9 8 0 0 0 0 9 2 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Feb 22nd 1898
4. Place of Birth, (Street and Number) 523 E Mulliken St.
5. Full Name of Mother, Josephine White
6. Mother's Maiden Name, Josephine Diggs
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Daniel F. White
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D

Address, Johns Hopkins Hosp

Remarks, Baltimore Md.

18980000923

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 22nd 1898
4. *Place of Birth, (Street and Number)*	300 N Exeter st
5. *Full Name of Mother,*	Lena Smith
6. *Mother's Maiden Name,*	Lena Lauv
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Morris Smith
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	J. Ridgway André M.D.
Address,	1123 E Balto st
Remarks,	

1898000924

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	Feb. 23-98
4. *Place of Birth, (Street and Number)*	~~1319 Presstman~~ 1319 Presstman
5. *Full Name of Mother,*	Annie Mans
6. *Mother's Maiden Name,*	Annie Snack
7. *Mother's Birthplace,*	Baltimre
8. *Full Name of Father,*	H L Mans
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimre
Name of Medical Attendant, or other person who makes this Return,	Geo W Jones M.D
Address,	1501 Prustman
Remarks,	

1 8 9 8 0 0 0 0 9 2 5

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex,* (~~state whether male or~~ female)
2. *Race or Color,* (~~if not of the white race~~) Colored.
3. *Date of Birth,* 23 Feby 1898.
4. *Place of Birth,* (Street and Number) 125 S. Chapel St
5. *Full Name of Mother,* Mrs. Cora Handy.
6. *Mother's Maiden Name,* Cora Colbert.
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Harrison Scott Handy.
9. *Father's Occupation,* "Arabing"
10. *Father's Birthplace,* E.S. Md.

Name of Medical Attendant, or other person who makes this Return. B. F. Leonard MD.

Address, 125 Jackson Place.

Remarks,

1898U000926

third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

90242

RETURN OF A BIRTH.

GIVEN NAME ADDED, 3-15-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Maude Agnes Parker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 23, 1894
4. Place of Birth, (Street and Number) Wilkins Ave & 20th
5. Full Name of Mother, Minard M Parker
6. Mother's Maiden Name, Minard M Dickson
7. Mother's Birthplace, Yorkley York, N.Y.
8. Full Name of Father, Harvey E Parker
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm D Sellers

Address, 1019 22 Wilkins Ave

Remarks,

8 9 8 0 0 0 0 9 2 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the Office of the Commissioner of Vital Statistics. If any physician or midwife, or other person required by this section to report any birth, shall fail to do so within the time specified, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

RETURN OF A BIRTH.

90248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 23rd 1898
4. *Place of Birth, (Street and Number)*	1019 Valley St-
5. *Full Name of Mother,*	Emma Gray
6. *Mother's Maiden Name,*	Emma Barnes
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Gray
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Jeffries Beach
Address,	1051 Augusta St-
Remarks,	

8980000928

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon its birth to the Commissioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female - Lillian Cohen
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 23 1898
4. *Place of Birth, (Street and Number)* 419 S Caroline St
5. *Full Name of Mother,* Fannie Cohen
6. *Mother's Maiden Name,* Barr
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Cohen
9. *Father's Occupation* Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 23 Lloyd St

Remarks, Full name of child added by mother upon applying for a transcript. Fannie Cohen 8/8 0 0 0 0 0 9 2 0 Reg. Feb 4 1935.

Mother.

Wm. J. C. Dulany Co., City Printers and Stationers.

missioner of Health. In case the birth of any child
er of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
vered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4th.

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* July. 23rd 98.
4. *Place of Birth,* (*Street and Number*) 861 N. Howard St.
5. *Full Name of Mother,* Bertha Manues
6. *Mother's Maiden Name,* Bertha Goldsmith
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Isidor Manues
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, Henry C. Price. M.D.

Address, 1203 W. Fayette St.

Remarks,

8480000930

Wm. J. C. Dulany Co., City Printers and Stationers.

90246

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 23. 1898
4. Place of Birth, (Street and Number) 347 S Vincent Ave.
5. Full Name of Mother, Mrs Louise
6. Mother's Maiden Name, Bittner
7. Mother's Birthplace, Germany
8. Full Name of Father, Jewell
9. Father's Occupation Baltimore
10. Father's Birthplace, Md
Name of Medical Attendant, or other person who makes this Return, M A Kelly
Address, 1004 W Lexington St
Remarks, 1898000931

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Com- physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, immediately after the birth, and it shall become the duty of the person or parents, if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 23 1898
4. Place of Birth, (Street and Number) 241 Albemarle St
5. Full Name of Mother, Mary Byrne
6. Mother's Maiden Name, " Glenan
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Patrick Joseph Byrne.
9. Father's Occupation Tobacco
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 172 Albemarle St

Remarks,

8 9 8 0 0 0 0 9 3 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

90248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 23 1895
4. *Place of Birth, (Street and Number)*	277 Roger's Ave.
5. *Full Name of Mother,*	Sarah Bressler Niarinsky.
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Morris Bressler
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Russia.
Name of Medical Attendant, or other person who makes this Return,	Mrs E Dchreman
Address,	42 Hillsdale
Remarks,	

8 9 8 U 0 0 0 9 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Should no other person be in attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 23 - 1898
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Laura Allen
6. Mother's Maiden Name, "
7. Mother's Birthplace, Delaware
8. Full Name of Father, Abram R. Dayton
9. Father's Occupation Dredger
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. L. DeBois

Address, The Johns Hopkins Hospital,

Remarks,

8 4 8 0 0 0 0 9 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

90288

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 23rd 1898
4. *Place of Birth (Street and Number)* 442 Girard Ave
5. *Full Name of Mother* Margaret Binstead O'Neal
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* George Joseph Binstead
9. *Father's Occupation* Barclaner
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Sam'l J Bretland

Address 314 N Eutaw St

Remarks

8980000935

within six days thereafter, stating distinctly the date of birth, sex, and color of the child so born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 90262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 13 February 1898
4. Place of Birth, (Street and Number) 163 Caroline St
5. Full Name of Mother, Magie Marx
6. Mother's Maiden Name, Preller
7. Mother's Birthplace, Balt.
8. Full Name of Father, Joseph Marx
9. Father's Occupation, clerc
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W Pratt St.

Remarks,

8980000936

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 February 1898
4. Place of Birth, (Street and Number) 616 Castle St
5. Full Name of Mother, Marie Fleckenstein
6. Mother's Maiden Name, Hoeller
7. Mother's Birthplace, Balt.
8. Full Name of Father, Jacob Fleckenstein
9. Father's Occupation Catcher
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W Cent St.

Remarks,

8480000937

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 February 1898
4. Place of Birth, (Street and Number) 1211 Central Av.
5. Full Name of Mother, Ladie ~~Fenton~~ Gieb / Fenton
6. Mother's Maiden Name, ~~Gieb~~ Ball.
7. Mother's Birthplace, Charles
8. Full Name of Father, Gieb
9. Father's Occupation Driver
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 W Cent Av.

Remarks,

8 7 8 0 0 0 0 9 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 2/10/64

RETURN OF A BIRTH. 90266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Ethel Elizabeth Williams

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 23/98
4. Place of Birth, (Street and Number) Cor Chestnut & Third Aves.
5. Full Name of Mother, Lizzie E Williams
6. Mother's Maiden Name, " " Downey
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, Wm. H. Williams
9. Father's Occupation Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. H. Feddeman

Address, 102 Chestnut Ave

Remarks,

8980000939

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 23 98
4. *Place of Birth, (Street and Number)* 1832 N Chester St
5. *Full Name of Mother,* Maggie Diggs
6. *Mother's Maiden Name,* " Stanfield
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Cornelius Diggs
9. *Father's Occupation* Carter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1600 Walker St

Remarks,

8 9 8 0 0 0 0 9 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

90267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 207 S Regester Street
4. Place of Birth, (Street and Number) February 23d 1898
5. Full Name of Mother, Kate Leyton
6. Mother's Maiden Name, G. Hard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm T Leyton
9. Father's Occupation Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Kraus Midwife

Address, 1922 E Fayette Street

Remarks,

8 9 8 0 0 0 0 9 4 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 23. 1898
4. Place of Birth, (Street and Number) 1500 N. Regester St
5. Full Name of Mother, Elizabett Matthes
6. Mother's Maiden Name, Elizabeth Scheppel
7. Mother's Birthplace, Germany
8. Full Name of Father, Alban Matthes
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return W. C. Sandrock

Address, 1242 N. Broadway

Remarks, 7 mos. Premature birth.

1898 000942

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 24 1895.

4. Place of Birth, (Street and Number) 106 Market Space.

5. Full Name of Mother, Yetta Yaschinsky.

6. Mother's Maiden Name, " Chesack

7. Mother's Birthplace, Russia

8. Full Name of Father, Hyman Yaschinsky

9. Father's Occupation Shoemaker

10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Wm. G. Schuman.

Address, 42 Altamont

Remarks,

8 9 8 0 0 0 0 9 4 3

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2/24 98
4. Place of Birth, (Street and Number) Md Bal Hosp
5. Full Name of Mother, Isabella Pickerman
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father, Jas Henderson
9. Father's Occupation Farmer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Wm E Todd

Address, Md Bal Hosp

Remarks,

8 9 8 0 0 0 0 9 4 4

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, 2/24/98

4. Place of Birth, (Street and Number) Jud Bal Hosp

5. Full Name of Mother, Ella Young

6. Mother's Maiden Name, Md.

7. Mother's Birthplace, John. Brodway.

8. Full Name of Father, (Former Pinp)

9. Father's Occupation Md

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Jud Bal Hosp.

Address,

Remarks,

8 9 8 0 0 0 0 9 4 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	2/24 98
4. *Place of Birth, (Street and Number)*	Md Bal Co
5. *Full Name of Mother,*	Ella Johnson
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Jno Poulson
9. *Father's Occupation*	farmer
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return,	Wm L Todd
Address,	Md Bal Co
Remarks,	

8780000946

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

RETURN OF A BIRTH. 90263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th Feb. 1878.
4. Place of Birth, (Street and Number) No. 120 Lath Ave. E. P.
5. Full Name of Mother, Anna Swanwick
6. Mother's Maiden Name, " Pruning
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Swanwick
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaffer

Address, No 1705 E. Fort Ave E. P.

Remarks,

8 7 8 U 0 0 0 9 4 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

9026K

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 24 1898
4. Place of Birth, (Street and Number) 423 E. Chase St.
5. Full Name of Mother, Jennie A. Beese
6. Mother's Maiden Name, Ernie
7. Mother's Birthplace, Scotland
8. Full Name of Father, Fredrick Beese
9. Father's Occupation Engineer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Chase St.

Remarks,

1898000948

Wm. J. C. Dulany Co., City Printers and Stationers.

90265

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 22 98
4. *Place of Birth, (Street and Number)* Lancaster Ave 1410
5. *Full Name of Mother,* Cecilia Mlinarik
6. *Mother's Maiden Name,* Zaworsky
7. *Mother's Birthplace,* Pennsylvania West Virginia
8. *Full Name of Father,* Frederick Mlinarik
9. *Father's Occupation,* Steelworker
10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other person who makes this Return. Jessie Jones Gen Address

Address,

Remarks,

8980000949

Shall occur without the attendance of a physician or practioner of midwifery, in case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 90266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 24-98
4. *Place of Birth, (Street and Number)*	1704 Edmondson av
5. *Full Name of Mother,*	Lily Towner
6. *Mother's Maiden Name,*	" Lyons
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	B. P. Towner
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo W Storrs M. D
Address,	1501 Presstman
Remarks,	

8 9 8 0 0 0 0 9 5 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 24th 1898

4. Place of Birth, (Street and Number) # 232 Dean st.

5. Full Name of Mother, Virginia F. Pedrow

6. Mother's Maiden Name, Virginia F. Hadem

7. Mother's Birthplace, Somerset Co

8. Full Name of Father, John Pedrow

9. Father's Occupation Laborer

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mary A. Perkins

Address, # 241 S. Chester st

Remarks,

1 8 9 8 0 0 0 0 9 5 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6" Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 24 1898
4. *Place of Birth, (Street and Number)* 1900 E. Pratt St.
5. *Full Name of Mother,* Grace Hoefner
6. *Mother's Maiden Name,* Grace Corliss
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* John H. Hoefner
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D.

Address, 129 E Broadway

Remarks,

1898000952

the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 24 - 1898

4. Place of Birth, (Street and Number) Johns Hopkins Hospital

5. Full Name of Mother, Bettie Dinkes

6. Mother's Maiden Name, "

7. Mother's Birthplace, Maryland

8. Full Name of Father, John Stone

9. Father's Occupation lawyer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. to Dr Hoyt

Address, The Johns Hopkins Hospital.

Remarks,

8 9 8 0 0 0 0 9 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 February 1896 712 Lud Broadway
4. Place of Birth, (Street and Number) 712 Bro
5. Full Name of Mother, Francis Weller
6. Mother's Maiden Name, Beck
7. Mother's Birthplace, Balt.
8. Full Name of Father, Phillipp Weller
9. Father's Occupation
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Weller

Address, 928 W Cent St.

Remarks,

8980000954

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 24"98
4. *Place of Birth, (Street and Number)* 435 E. Preston St
5. *Full Name of Mother,* Agnes Mooney
6. *Mother's Maiden Name,* Agnes Dunnigan
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Mooney
9. *Father's Occupation* Tile Setter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Agnes J Talbott M D

Address, 2505 Penna Ave

Remarks,

8 9 8 0 0 0 0 9 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...of the Commissioner of Health. In case the birth of any child ... or practioner of midwifery, or should no other person be in ... ter it shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it shall ... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be ... shall occur without the attendance of a physician or pra... ...th day of each and every month to the office of the C... ...d, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90272
over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Catherine Wolle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.),	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 24
4. Place of Birth, (Street and Number)	235 East Ave
5. Full Name of Mother,	Amelia Wolle
6. Mother's Maiden Name,	Stempel
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm. Wolle
9. Father's Occupation	Dermatologist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary Bergan
Address,	412 Scott St
Remarks,	

8980000956

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III — Edna May Alexander

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 24/98
4. Place of Birth, (Street and Number) 516 S. Charles Ste.
5. Full Name of Mother, Emma Alexander
6. Mother's Maiden Name, ~~Dellinghoff~~ Dillinger
7. Mother's Birthplace, Balto
8. Full Name of Father, Richard Alexander
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, CERTIFICATE CORRECTED 7-3-52 Mrs. Eisenhofer, MIDWIFE.

8 9 8 U D O 2225 Eutaw St. 5 7 Baltimore, Md.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 24 1898

4. *Place of Birth, (Street and Number)* 1553 Linden Ave

5. *Full Name of Mother,* Mrs. Rebecca Dorsey Kelly

6. *Mother's Maiden Name,* Mrs.

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Ernest H. Kranke

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs E Kranke

Address, 20 N Gilmor St

Remarks,

1898 0000958

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90273

RETURN OF A BIRTH.

GIVEN NAME ADDED 11/30/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MABEL GILMAN GRAY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1898
4. *Place of Birth, (Street and Number)* No 139 W. Lafayette St
5. *Full Name of Mother,* Margaret E. Hearn
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Zachariah Taylor Gray
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, 711 Barre St

Remarks,

8 9 8 0 0 0 0 9 5 9

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

96276

RETURN OF A BIRTH.

GIVEN NAME ADDED 12-6-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Henry Puckett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2/25/98
4. *Place of Birth, (Street and Number)* 108 Scott St
5. *Full Name of Mother,* Katherine Duckett
6. *Mother's Maiden Name,* Meller
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Henry T. Duckett
9. *Father's Occupation* Foreman (Bud Co)
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Thomas

Address, 28 N Stricker St

Remarks,

8 9 8 0 0 0 0 9 6 0

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 25th 1898
4. Place of Birth, (Street and Number) 47 Carlton st
5. Full Name of Mother, Alice Hall
6. Mother's Maiden Name, Alice Plummer
7. Mother's Birthplace, Howard Co md
8. Full Name of Father, William Hall
9. Father's Occupation Cat Driver
10. Father's Birthplace, Charles Co md

Name of Medical Attendant, or other person who makes this Return Lucy Lane

Address, #622 Sarah Ann st

Remarks,

1898U000961

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female Edith M. Marden
2111/20 - a.d.s.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 25th 1898
4. Place of Birth, (Street and Number) 2910 Huntingdon Ave
5. Full Name of Mother, Mrs. Filghman Brice Marden
6. Mother's Maiden Name, Martha Wheeler Lewis
7. Mother's Birthplace, Frederick City, Md
8. Full Name of Father, Filghman Brice Marden
9. Father's Occupation, Physician
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Filghman Brice Marden M.D.

Address, assisted by Drs. 2910 Huntingdon Ave Brinton and Ashby

Remarks, Both doing well

1896U000962

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 25/96
4. *Place of Birth, (Street and Number)* 1204 West Lombard St
5. *Full Name of Mother,* Nellie Whalen
6. *Mother's Maiden Name,* Mitchel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Whalen
9. *Father's Occupation* Customs Officer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Wm O'Hagan

Address, 924 Fawkins St

Remarks,

8 9 8 0 0 0 0 9 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...ber of the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...tioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...ply with the provisions of this section shall be sub- ...ecovered as other fines and forfeitures are recoverable.

...each and every month to the office of the Commissioner of Health, ...shall occur without the attendance of a physician or practitioner of ...attendance upon the mother, immediately thereafter it shall become ...child to report its birth to the Commissioner of Health, in the manner ...any such person or persons who shall hereafter fail to comply with ...jected to the fine of ten ($10) dollars for each offence, to be recovered

36.]

90280

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 25th 1898
4. *Place of Birth, (Street and Number)*	1019 Valley St.
5. *Full Name of Mother,*	Annie Deary
6. *Mother's Maiden Name,*	Annie Dreher
7. *Mother's Birthplace,*	City (Baltimore)
8. *Full Name of Father,*	John Deary
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Jefferson Busch
Address,	1051 Argyle St.
Remarks,	

8 9 8 0 0 0 0 9 6 4

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90281

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (~~if not of~~ the white race)*
3. *Date of Birth,* Feb 25 '98
4. *Place of Birth, (Street and Number)* 2104 E Fairmount St.
5. *Full Name of Mother,* Wilhelmina Stahl
6. *Mother's Maiden Name,* Nagle
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Charles J. Stahl
9. *Father's Occupation* Sgt. Co. L. 5th U.S.A.
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1502 N Bond

Remarks,

8 9 8 0 0 0 0 9 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicioner of midwifery, in case the birth of any child attendance upon the mother, or should no other person be in child to report its birth to the Commissioner of Health, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* February 21 - 1898
4. *Place of Birth, (Street and Number)* Baltimore st 656 Dorcas st
5. *Full Name of Mother,* mollie Kirkland
6. *Mother's Maiden Name,* mollie English
7. *Mother's Birthplace,* Camden St
8. *Full Name of Father,* Daniel Kirkland
9. *Father's Occupation* common laborer
10. *Father's Birthplace,* Camden St

Name of Medical Attendant, or other person who makes this Return, Jno Dunham M.D.

Address, * 819 Fessier st

Remarks,

8 7 8 U 0 0 0 9 6 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

90283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Italian

3. Date of Birth, Feb 25/98

4. Place of Birth, (Street and Number) #407 Fk 26th St

5. Full Name of Mother, Lena Zaunchieli

6. Mother's Maiden Name, Salvo

7. Mother's Birthplace, Italy

8. Full Name of Father, Vincent Zaunchieli

9. Father's Occupation Stone finisher + carver

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Wm. H. Fabian

Address, #102 Chestnut Ave

Remarks, 8 7 8 0 0 0 0 9 6 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90284

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, 2/20-98

4. Place of Birth, (Street and Number) Md. Bal Hosp

5. Full Name of Mother, Ella Howard

6. Mother's Maiden Name, "

7. Mother's Birthplace, Md.

8. Full Name of Father, Will Amos

9. Father's Occupation, Laun.

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md Bal Hosp

Remarks,

8980000968

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be reported within ten days to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person above required, and attendance report its birth to the Commissioner of Health, in the manner and within the period above required, and Child to report to the Commissioner fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter

RETURN OF A BIRTH. 90286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, 2/25-98
4. Place of Birth, (Street and Number) 386 ½ Mary St.
5. Full Name of Mother, Christina Bradley.
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father, Frank Moore
9. Father's Occupation Lab.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, M E Todd

Address, Md. Bal. Ave

Remarks,

8 9 8 0 0 0 0 9 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

shall duly, each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday A.M. Jan 26th 1898 - 1 A.M.
4. *Place of Birth, (Street and Number)* 114. E. Franklin St
5. *Full Name of Mother,* Grace McCandlish
6. *Mother's Maiden Name,* Grace Crumpy
7. *Mother's Birthplace,* Atlanta Georgia
8. *Full Name of Father,* Charles, E. McCandlish
9. *Father's Occupation* Physician
10. *Father's Birthplace,* Mt Pleasant. Iowa

Name of Medical Attendant, or other person who makes this Return, A. Blake M.D.

Address, 112. W. Mulberry St

Remarks, Baltimore Md

18980000970

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90287

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 L

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 26 L 1898

4. Place of Birth, (Street and Number) 16-15 Montrose St

5. Full Name of Mother, Johannah Storm Burnau

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Germany.

8. Full Name of Father, Joseph Storm

9. Father's Occupation Stock Clerk

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 627 W Lexington St

Remarks, 8980000971

In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon its birth to the mother, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the duty of the person shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, 25th of February 1898
4. Place of Birth, (Street and Number) # 707 N. Chester St
5. Full Name of Mother, Georgianna Easterly
6. Mother's Maiden Name, Abbott
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gustav Easterly
9. Father's Occupation Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, # 1907 E. Monument St.

Remarks,

8 9 8 U 0 0 0 9 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 90289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th February 1898
4. Place of Birth, (Street and Number) 1020 Hamburg Alley
5. Full Name of Mother, Jane Smith
6. Mother's Maiden Name,
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Anna Lenz mid wife

Address, 1539 Alice Anna St

Remarks, Father of Child unknown

8980000973

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be reported on daily sheet by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 22 1898
4. Place of Birth, (Street and Number) 425 N E Chapel St.
5. Full Name of Mother, Agnes Papp
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, George Papp
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Boyle

Address, 205 N Washington St

Remarks,

8 9 8 0 0 0 0 9 7 4

Every birth must be reported every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 25th 1898.
4. Place of Birth, (Street and Number) 7 N Port St
5. Full Name of Mother, Mary Merritt
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Merritt
9. Father's Occupation Carpenter
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kopta

Address, 215 N Washington Ave St

Remarks,

1898 0000975

Wm. J. C. Dulany Co,. City Printers and Stationers.

er in the form of a certificate between the first and
missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
vered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 25 February 1898.

4. Place of Birth, (Street and Number) 1212 Hull St.

5. Full Name of Mother, Emma Lueggeth,

6. Mother's Maiden Name, Kappelt.

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Lueggeth,

9. Father's Occupation Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Kelly Watson

Address, 1221 Hull St. Locust Point,

Remarks,

8 9 8 U 0 0 0 9 7 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 25 February 1898
4. *Place of Birth, (Street and Number)* 1516 Bond St
5. *Full Name of Mother,* Mary Rice
6. *Mother's Maiden Name,* " Tubay
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Rice
9. *Father's Occupation* Watchman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Adl Wilson

Address, 1331 Hull St. South Point

Remarks,

8 9 8 U 0 0 0 9 7 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90294

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 25-th 1898

4. Place of Birth, (Street and Number) 2553 E. Oak St.

5. Full Name of Mother, Mary C. Taylor

6. Mother's Maiden Name, Mary E. Henry

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, George W. Taylor

9. Father's Occupation, Piano Tuner

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, S. Buttler Grimes M.D.

Address, 2100 Maryland Ave.

Remarks,

8 9 8 U 0 0 0 0 9 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. GIVEN NAME ADDED. 11-26-63

RETURN OF A BIRTH. 90296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Otto William ~~Eirole~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 25 1898
4. Place of Birth, (Street and Number) 1612 N Bethel St
5. Full Name of Mother, Annie Emily
6. Mother's Maiden Name, Zeuzeny
7. Mother's Birthplace, Poland
8. Full Name of Father, William Emil
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Schmidt

Address, 184 Forest St

Remarks,

8980000979

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH.

90296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male White
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 25 1898
4. *Place of Birth, (Street and Number)*	1628 N. Stricker
5. *Full Name of Mother,*	Mrs. Bill Stricker Strung
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Bltto
8. *Full Name of Father,*	Chas Strung
9. *Father's Occupation*	R R
10. *Father's Birthplace,*	Bltto
Name of Medical Attendant, or other person who makes this Return,	D. S. Lemmon Dr
Address,	11 N Carey St
Remarks,	

1898 00 000980

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and it shall become the duty of the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 February 1898
4. *Place of Birth, (Street and Number)* 733 Broadway
5. *Full Name of Mother,* Francis Saborowska
6. *Mother's Maiden Name,* F Wiedrykowska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Josef Saborowski
9. *Father's Occupation* Tabacco
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Aisquith St

Remarks, Baltimore

8 9 8 0 0 0 0 9 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

9098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Feb. 25th 1898
4. Place of Birth, (Street and Number) 122 Jones' Court
5. Full Name of Mother, Mary Elsey
6. Mother's Maiden Name, Mary Green
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Charlie Elsey
9. Father's Occupation Laborer
10. Father's Birthplace, Wyckoff Co. Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

6 9 8 0 0 0 0 9 8 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

Birth of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90299

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 25th 1898
4. Place of Birth, (Street and Number) 2113 Jefferson St.
5. Full Name of Mother, Theresa Hoffmeister
6. Mother's Maiden Name, Theresa Gable
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Bernhardt Hoffmeister
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8 9 8 U 0 0 0 0 9 8 3

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 96300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Negro

3. *Date of Birth,* 1st mo 1st 1900

4. *Place of Birth, (Street and Number)* 2126 Druid Ave

5. *Full Name of Mother,* Rachel Wood

6. *Mother's Maiden Name,* Jones.

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Benj Wood.

9. *Father's Occupation* Waiter at Hotel

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr Lemmey MD

Address, 2039 Eutaw St

Remarks, Born at home

8 7 8 0 0 0 0 9 8 4

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W. F.
3. Date of Birth, 24th of February 08
4. Place of Birth, (Street and Number) 2009 Christian St
5. Full Name of Mother, Kate Vornhorn
6. Mother's Maiden Name, Kate Meyer
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Vornhorn
9. Father's Occupation Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kemler Midwife

Address, 2116 W Pratt St

Remarks,

8 9 6 0 0 0 0 9 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) col.

3. Date of Birth, 2/20'98.

4. Place of Birth, (Street and Number) Md Gen Hosp
Eden Carlton

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace, Va

8. Full Name of Father, Geo Clark

9. Father's Occupation waiter

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md. Gen. Hosp

Remarks,

8 9 8 0 0 0 0 9 8 6

Each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90803

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~) 1.

1. *Sex,* (~~*state whether male or female*~~) female
2. *Race or Color,* (~~*if not of the white race*~~) Colored
3. *Date of Birth,* 26 of Feb 1898 at 12 oclock noon
4. *Place of Birth,* (*Street and Number*) 506 Shuter street
5. *Full Name of Mother,* Mary Taylor
6. *Mother's Maiden Name,* ——————
7. *Mother's Birthplace,* Baltimore City md
8. *Full Name of Father,* William Garfield Reid
9. *Father's Occupation* School Boy
10. *Father's Birthplace,* Baltimore City md

Name of Medical Attendant, or other person who makes this Return, Josephine Amos Cooper

Address, 502 Mc Donogh street

Remarks, Mother is well the Child is weak

Balts City Md

0 0 0 0 0 0 0 9 8 7

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 26th 1898.

4. Place of Birth, (Street and Number) 244 S. Durham St.

5. Full Name of Mother, Hendle R. Cooper

6. Mother's Maiden Name, Hendle R. Coleman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Cooper

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Perry

Address, 2225 Bank St.

Remarks, Col'd.

B 9 8 0 0 0 0 9 8 8

Shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 26 th 1900
4. *Place of Birth, (Street and Number)* 2229 Bank St.
5. *Full Name of Mother,* Martha A. Anderson.
6. *Mother's Maiden Name,* Martha [illegible] Lecke.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francis A. Anderson.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Mary C. Lucas.

Address, 2229 Bank St

Remarks, City.

8 9 8 U 0 0 0 9 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 February 1898
4. Place of Birth, (Street and Number) 2613 Fait ave.
5. Full Name of Mother, Mary Lawedna
6. Mother's Maiden Name, M. Szymkowiak
7. Mother's Birthplace, Germany
8. Full Name of Father, Rt Lawedny
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Regier

Address, 721 Linn St

Remarks, Baltimore

6 7 8 0 0 0 0 9 9 0

Every birth shall be reported each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

236]

90307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 1600 Mc Elderry

4. *Place of Birth, (Street and Number)* Feb 26-98

5. *Full Name of Mother,* Ida V. Hill

6. *Mother's Maiden Name,* " " Bafs

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Charles F. Hill

9. *Father's Occupation* Paper Hanger

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 2030 N. Washington

Remarks,

8 9 8 0 0 0 0 9 9 1

said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter, ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to ... jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90809

RETURN OF A BIRTH.

GIVEN NAME ADDED 1-29-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Leo Rosenberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 26 1898
4. Place of Birth, (Street and Number) 1220 Big Mael Ldad
5. Full Name of Mother, Fanonie Rosenberg
6. Mother's Maiden Name, Caplan
7. Mother's Birthplace, Russia
8. Full Name of Father, Wolf Rosenberg
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finebarg

Address, 25 S Loyd St

Remarks,

8 9 8 0 0 0 0 9 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-11-56

RETURN OF A BIRTH.

90309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Estelle Dewey Ehoff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Female Feb 26th 1898
4. Place of Birth, (Street and Number) N E cor Bruce & Franklin St 738
5. Full Name of Mother, Mattie A Ehoff
6. Mother's Maiden Name, Shannon
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Rudolph Ehoff
9. Father's Occupation Grocer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 827 W. ~~Saratoga~~ Lexington St

Remarks,

1898000993

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 26, 1898
4. Place of Birth, (Street and Number) 606 S. Bond St.
5. Full Name of Mother, Mary Jaworsky
6. Mother's Maiden Name, Swalkosky
7. Mother's Birthplace, Pole
8. Full Name of Father, Stefan Jaworsky
9. Father's Occupation Glass Maker
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Puth

Address, 638 S. Bond St.

Remarks,

8 9 8 0 0 0 0 9 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 26th 1899
4. Place of Birth, (Street and Number) 302 Collins St.
5. Full Name of Mother, Mattie M. Clark
6. Mother's Maiden Name, Mattie M Unkelbeck
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Edward Clark
9. Father's Occupation Huckster
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Robt. J. Murray M.D

Address, 320 N. Fremont Ave

Remarks,

T 6 9 8 U 0 0 0 0 9 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

the practitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
physician or practioner of midwifery, or should no other person be in
thereafter it shall become the duty of the person or parents of such
Board of Health, in the manner and within the period above required, and
shall fail to comply with the provisions of this section shall be sub-
ject to the fine of ten (10) dollars for each offence. to be recovered as other fines and forfeitures are recoverable.

90312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 27 - 98
4. Place of Birth, (Street and Number) Garrett Alley 1326
5. Full Name of Mother. Elsie Suit
6. Mother's Maiden Name, Dillingham
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father. George Suit
9. Father's Occupation. Engineer
10. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other person who makes this Return. Johanna Haake

Address, Garrett Alley 1326

Remarks.

8 9 8 U 0 0 0 0 9 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

RETURN OF A BIRTH.

90818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 27/98

4. Place of Birth, (Street and Number) ~~416 E. Lombard St~~ 916 West Lombard St

5. Full Name of Mother, Kate Ryall

6. Mother's Maiden Name, Mehan

7. Mother's Birthplace, England

8. Full Name of Father, Frank Ryall

9. Father's Occupation Plumber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Hayes

Address, 924 N. Eden St

Remarks,

8980000997

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 27 A 1898
4. *Place of Birth, (Street and Number)*	No 429 E. Cross st
5. *Full Name of Mother,*	Mary A. Williams
6. *Mother's Maiden Name,*	Mary A Blair
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Benjamin H Williams
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Dorchester Co. Md
Name of Medical Attendant, or other person who makes this Return,	Catherine Hornung
Address,	No 15-17 Byrd st
Remarks,	

8980000998

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 27 1898
4. *Place of Birth, (Street and Number)* 1102 Hanburt St.
5. *Full Name of Mother,* Maggie Mc Hale
6. *Mother's Maiden Name,* Maggie Mc Hale
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Mc Hale
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Magarette Ettel

Address, 1619 Cuba St.

Remarks, Baltimore Md.

8 9 8 U 0 0 0 9 9 9

the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 27th 1898
4. *Place of Birth, (Street and Number)*	6 Hill St. Woodbury
5. *Full Name of Mother,*	Sarah Hollis Spencer
6. *Mother's Maiden Name,*	Sarah A. Arrington
7. *Mother's Birthplace,*	Prince William Co. Va
8. *Full Name of Father,*	Joseph B. Spencer
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Carroll Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. T. Shower, M. D.
Address,	421 Roland Ave.
Remarks,	

8 9 8 0 0 0 1 0 0 0

third day of each and every month to the office of the C... shall occur without the attendance of a physician or pra... attendance upon the mother, immediately thereafter it sh... child to report its birth to the Commissioner of Health, in... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be r...

of the Commissioner of Health. In case the birth of any child or practioner of midwifery, or should no other person be in ther it shall become the duty of the person or parents of such alth, in the manner and within the period above required, and to comply with the provisions of this section shall be sub... to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

86.]

RETURN OF A BIRTH. 90317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 27 98
4. *Place of Birth, (Street and Number)* 2922 Cedar Ave
5. *Full Name of Mother,* Ella M Mankin
6. *Mother's Maiden Name,* " " Carnaffe
7. *Mother's Birthplace,* Balto Co Md.
8. *Full Name of Father,* McClelland Mankin
9. *Father's Occupation* R.R. employee
10. *Father's Birthplace,* Penn

Name of Medical Attendant, or other person who makes this Return, Wm H Fordyce M.D

Address, 1102 Chestnut Ave

Remarks,

8 7 8 0 0 0 1 0 0 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 9038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feby 27 98
4. *Place of Birth, (Street and Number)* Frat St & Central ave
5. *Full Name of Mother,* Sarah Deity
6. *Mother's Maiden Name,* Sarah Abrahams
7. *Mother's Birthplace,* N. Carolina
8. *Full Name of Father,* Aaron Deity
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return (K Savage. Jr)

Address, (E & L Exeter St)

Remarks,

8980001002

Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

36 |

90319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male 1
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 27th February 1898
4. Place of Birth, (Street and Number) Oakerton Md
5. Full Name of Mother, Anna Belle Williams
6. Mother's Maiden Name, Anna B Jackson
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Thomas Henry Williams
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return Elizabeth F Wicks

Address, Hoffman Lane

Remarks,

8 9 8 0 0 0 1 0 0 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90820

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 11 1898
4. Place of Birth, (Street and Number) 900 State St
5. Full Name of Mother, Annie Kovacs
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Anton Kovacs
9. Father's Occupation Bricklayer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, 206 N Washington St

Remarks,

8980001004

Wm. J. C. Dulany Co,. City Printers and Stationers.

and delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall be

RETURN OF A BIRTH. 90821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 February 1895
4. *Place of Birth, (Street and Number)* 1201 N. Baltimore St
5. *Full Name of Mother,* Annie M. Kennedy
6. *Mother's Maiden Name,* Annie M. Carlin
7. *Mother's Birthplace,* Washington DC
8. *Full Name of Father,* John F. Kennedy
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or otherson who makes Return, Mrs Wm J Stockney

Address, 731 Cumberland St

Remarks,

1 8 9 8 0 0 0 1 0 0 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	2/27 98
4. *Place of Birth, (Street and Number)*	764 Walnut St.
5. *Full Name of Mother,*	Harriet Johnson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Jno Nelson
9. *Father's Occupation*	Lab.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	M L. Todd
Address,	M D, Gen. Hosp.
Remarks,	

6 9 8 0 0 0 1 0 0 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 90828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* January 27 1915
4. *Place of Birth, (Street and Number)* 15 N Paca St City
5. *Full Name of Mother,* Sophia Nelson
6. *Mother's Maiden Name,* Sophia Matthews
7. *Mother's Birthplace,* Easton Talbot Co Md
8. *Full Name of Father,* Jesse Nelson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Francis Walker

Address, 802 Druid Hill Ave

Remarks,

8980001007

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 27. February. 1898
4. Place of Birth, (Street and Number) Wyeth St. 626.
5. Full Name of Mother, Louisa Peitze
6. Mother's Maiden Name, Louisa Schuessleder
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Peitze
9. Father's Occupation Cabinet Maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Miss Bange

Address, 711 Cross St.

Remarks,

8980001008

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 of February 1898
4. Place of Birth, (Street and Number) 1235 South Latrobe Alley
5. Full Name of Mother, Emma Brandes
6. Mother's Maiden Name, Emma Bigham
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Brandes
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bangel

Address, 714 Lorn Street

Remarks,

8980001009

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90826

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Feb 27-1898
4. *Place of Birth, (Street and Number)* 221 Hamburg St
5. *Full Name of Mother,* Mary Bunky
6. *Mother's Maiden Name,* Mary Salter
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Elias Bunky
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, D Jefferson

Address, 115 N. Eutaw

Remarks,

18980001010

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be immediately thereafter lawful for the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 27, 1898
4. Place of Birth, (Street and Number) Scott st near Pratt
5. Full Name of Mother, Mary F Bradley
6. Mother's Maiden Name, Mary F Brennan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Brannan F Bradley
9. Father's Occupation machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs F Kelly

Address, 1922 Mildred Ave

Remarks,

6980001011

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH.

90828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 27 1898
4. Place of Birth, (Street and Number) 1509 Barrough st city
5. Full Name of Mother, Louise Crispin
6. Mother's Maiden Name, Louise Keyser
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, David Crispin
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Cornelid Allen

Address, 1407 Nicholson st city

Remarks,

8980001012

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90329

1236]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Third

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Feb 27 98
4. *Place of Birth,* (*Street and Number*) 1117 N Fapkins St
5. *Full Name of Mother,* Isabella V. Meeks
6. *Mother's Maiden Name,* " " Kirk
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas. A. Meeks
9. *Father's Occupation* Wood Worker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Colwell

Address, 2030 N. Washington St

Remarks, 8 9 8 0 0 0 1 0 1 3

said schedule shall be delivered, duly signed by the practitioner in the presence of each and every month to the physician or practitioner of midwifery, or should no other person of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

90830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, February 22. 1898
4. Place of Birth, (Street and Number) 847 - N - Carey St.
5. Full Name of Mother, Mrs. Georgia Hill
6. Mother's Maiden Name, Miss Miss Mary Elizabeth Dukel
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Mr. George William Hill
9. Father's Occupation, Grocer
10. Father's Birthplace, Frederick County Maryland

Name of Medical Attendant, or other person who makes this Return, A. L. Dougherty M. D.

Address, 235 - W - Lafayette Avenue

Remarks,

8980001014

Certificate must be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 90331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 February 1898
4. *Place of Birth, (Street and Number)* 1915 Aliceann Anna St
5. *Full Name of Mother,* Lizzy Stankowska
6. *Mother's Maiden Name,* L. Kwiatkowska
7. *Mother's Birthplace,* Austrylie
8. *Full Name of Father,* Frank Stankowski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Austrylie

Name of Medical Attendant, or other person who makes this Return, Mary Reppi

Address, 721 Ann St

Remarks, Baltimore

8980001015

Wm. J. C. Dulany Co,. City Printers and Stationers.

1235

RETURN OF A BIRTH. 90332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 28. (8. 20. P. M.) 1898.
4. Place of Birth, (Street and Number) 107 Clement Street.
5. Full Name of Mother, Mary Elizabeth Thornton,
6. Mother's Maiden Name, Warfield
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Franklin Thornton,
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune for the

Address, Mothers Relief Society, 1412 Eutaw Place.

Remarks,

8980001016

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 28th 1898
4. Place of Birth, (Street and Number) 802 North Washington st
5. Full Name of Mother, Maggie Miller
6. Mother's Maiden Name, Keitter
7. Mother's Birthplace, Germany
8. Full Name of Father, Julius Miller
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return Amelia T. Zimmerman M.D.

Address, 1805 N North Ave

Remarks,

8980-001017

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such births, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 February 1898
4. Place of Birth, (Street and Number) 1101 Proctor St
5. Full Name of Mother, Alice A Wellems
6. Mother's Maiden Name, Alice A Doorenbegus
7. Mother's Birthplace, Hagerstown Ind
8. Full Name of Father, Thomas P Wellems
9. Father's Occupation Black Smith
10. Father's Birthplace, Hagerstown Ind

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

8 9 8 0 0 0 1 0 1 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall occur without the attendance of a physician or practicioner of midwifery, in case the birth of any child child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 28, 98
4. *Place of Birth, (Street and Number)* 935 N Castle St
5. *Full Name of Mother,* Minnie Albert
6. *Mother's Maiden Name,* Heppenard
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Andrew Albert
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address, 1635 Walbert St

Remarks,

1 8 9 8 0 0 0 1 0 1 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

70336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 28, 1899
4. Place of Birth, (Street and Number) Frederick Co. 1902
5. Full Name of Mother, Anna D Fisher
6. Mother's Maiden Name, Anna D Lotterich
7. Mother's Birthplace, Md
8. Full Name of Father, John A Fisher
9. Father's Occupation Tailor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs D McKay

Address, 1902 Milton Ave

Remarks,

8980001020

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Feb 25- 1898
4. *Place of Birth, (Street and Number)*	110 Chestnut St.
5. *Full Name of Mother,*	Alice Goff
6. *Mother's Maiden Name,*	Alice Brown
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Charles Dabley
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	D J Long
Address,	110 W Lombard St.
Remarks	

8 0 0 0 1 0 2 1

The Statutes shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90328

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2'
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct-28-1898
4. *Place of Birth, (Street and Number)*	938 N. Calvert St.
5. *Full Name of Mother,*	Alice Emma Camp
6. *Mother's Maiden Name,*	Alice Emma Boggs
7. *Mother's Birthplace,*	West-Virginia
8. *Full Name of Father,*	Benjamin F. Camp
9. *Father's Occupation*	Upholsterer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	D. O. Long
Address,	115 W. Lombard
Remarks	

1898 — 022

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. [illegible] C. Do[illegible]

GIVEN NAME ADDED
7-27-64

RETURN OF A BIRTH. 90839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Helen Loretta McMahon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 28th, 1898
4. Place of Birth, (Street and Number) 626 Constitution St.
5. Full Name of Mother, Philomena McMahon
6. Mother's Maiden Name, Philomena Strassberger
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Jas. F. McMahon
9. Father's Occupation Brass Polisher
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peter M.D.

Address, Johns Hopkins Hospital

Remarks, Baltimore Md

8 7 8 0 0 0 1 0 2 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90340

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 28th 98
4. *Place of Birth, (Street and Number)*	Maternity 115 W Lombard
5. *Full Name of Mother,*	Annie Talley
6. *Mother's Maiden Name,*	Annie Talley
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	E Boynton M.D.
Address,	115 W Lombard St
Remarks,	

8 9 8 0 0 0 1 0 2 4

Every Physician, Midwife or other person who shall hereafter attend upon any birth, shall, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 7/28/98
4. *Place of Birth, (Street and Number)* Md. Gen Hosp
5. *Full Name of Mother,* Annie L Tuke
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Jos Tuck.
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Md. Tuck

Address, Md Gen Hosp

Remarks,

8980001025

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feb. 28- 1898
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Alice Williams
6. Mother's Maiden Name, Alice Dockins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Williams
9. Father's Occupation Hatter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin

Address, The Johns Hopkins Hospital

Remarks,

8 7 8 0 0 0 1 0 2 6

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90343

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 28 1898
4. Place of Birth, (Street and Number) 1611 E. Pratt St.
5. Full Name of Mother, Caroline Bruns
6. Mother's Maiden Name, Caroline Heilen
7. Mother's Birthplace, Germany
8. Full Name of Father, Georg W. Bruns
9. Father's Occupation Saloon
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mauch

Address, 800 Leadenhall Street.

Remarks,

1898 0001027

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2100 Charles
4. Place of Birth, (Street and Number) February 28 1898
5. Full Name of Mother, Lizzie Hamburger
6. Mother's Maiden Name, Fisch
7. Mother's Birthplace, Balto
8. Full Name of Father, Andrew Hamburger
9. Father's Occupation Restaurant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 134 Fort Ave

Remarks,

1898 0001028

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90346

GIVEN NAME ADDED 7-28-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Pere Hanson ~~Sellman~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 28. 1898
4. Place of Birth, (Street and Number) 1421 Park Ave
5. Full Name of Mother, Annie Hanson Sellman
6. Mother's Maiden Name, Annie Hanson
7. Mother's Birthplace, Md
8. Full Name of Father, Lee Wilson Sellman
9. Father's Occupation Salesman
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return Wm. H. B. Sellman M.D.

Address, 5 E. Biddle St

Remarks,

8 7 8 U 0 0 1 0 2 9

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 28 1898
4. Place of Birth, (Street and Number) 825 N. Boyd St.
5. Full Name of Mother, Mary Sadowsky
6. Mother's Maiden Name, Ryczesky
7. Mother's Birthplace, Pole
8. Full Name of Father, Constantine Sadowsky
9. Father's Occupation Watchman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pell

Address, 825 N. Boyd St.

Remarks,

8980001030

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 96347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 28 1898.
4. *Place of Birth, (Street and Number)* No. 1614 E. Monument st.
5. *Full Name of Mother,* Mary Hand
6. *Mother's Maiden Name,* Mary Dimmick
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* William Hand
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Aug A Eckardt M.D.

Address, 1241 Hartford ave

Remarks,

6 7 8 0 0 0 1 0 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

RETURN OF A BIRTH. 90348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I-

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 1. (5. 30. A. M.) 1898.
4. *Place of Birth, (Street and Number)* 909 Lemon Street.
5. *Full Name of Mother,* Mary Ellen Mc Carney
6. *Mother's Maiden Name,* Rollens
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Frank Joseph Mc Carney
9. *Father's Occupation* Varnisher.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kane for Dr.

Address, Mothers Relief Society 1412 Eutaw Place

Remarks,

8 9 8 0 0 0 1 0 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 4th 1898

4. Place of Birth, (Street and Number) 218. Swallwood st

5. Full Name of Mother, Elizabeth Block

6. Mother's Maiden Name, Falb

7. Mother's Birthplace, Germany

8. Full Name of Father, Carl Block

9. Father's Occupation Brick-Man

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return D. L. Buddenbohn M.D.

Address, 408 S. Paca st

Remarks,

8980001033

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 4th 1898
4. Place of Birth, (Street and Number) 218 Smallwood st
5. Full Name of Mother, Elizabetta Block
6. Mother's Maiden Name, Falb
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Block
9. Father's Occupation Milk-man
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas L. Buddenbohn M.D.

Address, 416 S. Paca st.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8980001034

1236.]

RETURN OF A BIRTH. 90367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 7" 95
4. *Place of Birth, (Street and Number)* 116 S Caulbert Ave
5. *Full Name of Mother,* Catherine Sarah Dobson
6. *Mother's Maiden Name,* " " Keeley
7. *Mother's Birthplace,* Williamsport N.Y.
8. *Full Name of Father,* James Lehman Dobson
9. *Father's Occupation* Tugboat fireman
10. *Father's Birthplace,* D.C.

Name of Medical Attendant, or other person who makes this Return, Howard C. Silver

Address, 1427 E. Baltimore St

Remarks,

18980001035

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 90362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 9. 2. P. M. 1895.
4. Place of Birth, (Street and Number) 1915 Sherwood Ave.
5. Full Name of Mother, Mary Hand.
6. Mother's Maiden Name, Cahill.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Hand,
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kamm / for the

Address, Mothers Relief Society / 1412 Eutaw Place

Remarks,

8980001036

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 90868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child Richard Nuttals

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th February 1898

4. Place of Birth, (Street and Number) 11-21 N Hanover st.

5. Full Name of Mother, Annie Nuttals

6. Mother's Maiden Name, Annie Lange

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Ralph Nuttals

9. Father's Occupation Tailor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Max Münch

Address, 800 Leadenhall Street.

Remarks,

8 9 8 0 0 0 1 0 3 7

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 11th 1898
4. *Place of Birth, (Street and Number)* Geay St 732
5. *Full Name of Mother,* Ella Haupt
6. *Mother's Maiden Name,* Ella Lankford
7. *Mother's Birthplace,* Iowa
8. *Full Name of Father,* Theodor Haupt
9. *Father's Occupation,* Life insurance Agent
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, L. Reinhard

Address, 220 N Madison Ave.

Remarks,

8980001038

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every case of superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 10 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

90866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 12. / 12. 30. A. M. / 1892.
4. *Place of Birth, (Street and Number)* 1613 Register Street near Lanvale
5. *Full Name of Mother,* Anna Catherine Kahmer.
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Philipp Kahmer.
9. *Father's Occupation.* Musician
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kamm,

Address, 1712 Eutaw Place.

Remarks,

8980001039

Wm. J. C. Dulany Co., City Printers and Stationers.

...which have occurred under his or her care during the ...ascertained the full name of each child, if any, shall have ...and occupation of its parents, the date and place of birth, and the ...certificate between the first and ...birth of any child ...should no other person be in ...midwifery, of the person or parents of such ...the duty, at the period above required, and ...within the provisions of this section shall be sub- ...to have recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

~~90806~~
90356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12th of February 1878
4. Place of Birth, (Street and Number) 3108 Elliot St
5. Full Name of Mother, Amy Shakeshoff
6. Mother's Maiden Name, Amy Gaushow
7. Mother's Birthplace, Germany
8. Full Name of Father, Emil Shakeshoff
9. Father's Occupation, Sinner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Burkart

Address, 1011 Baulding Ave

Remarks,

1898 0001040

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1230]

RETURN OF A BIRTH.

90365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 13. (9. 57. A. M.) 1898.
4. Place of Birth, (Street and Number) 1327 N. Sharp Street.
5. Full Name of Mother, Annie Catherine Gray
6. Mother's Maiden Name, Hildebrandt
7. Mother's Birthplace, Dayton - Ohio.
8. Full Name of Father, James Rufus Gray
9. Father's Occupation Laborer.
10. Father's Birthplace, Dayton - Ohio.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaul / for the Mothers Relief Society

Address, 1412 Mckean Place.

Remarks.

8980001041

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Commissioner of Health shall receive from the Physician, Midwife or other person who shall attend upon the birth of each child, if any shall have occurred without the attendance of a physician or midwife, a return of each birth, stating the time and place of birth, the full name and occupation of its parents, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said Commissioner shall be entitled to receive from the Physician or midwife, for each certificate by him delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 9-15-57 GIVEN NAME ADDED 10-11-56

RETURN OF A BIRTH.

90358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry William Garcia

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) ~~female~~ Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13th of February 1918
4. Place of Birth, (Street and Number) 1024 Curley St
5. Full Name of Mother, Mary Garcia
6. Mother's Maiden Name, Mary Loff
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Antone Garcia
9. Father's Occupation Labor
10. Father's Birthplace, Spain

Name of Medical Attendant, or other person who makes this Return Mrs Burkart

Address, 1011 Boulden St

Remarks,

8980001042

Wm. J. C. Dulany Co., City Printers and Stationers.

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 90369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st; 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 14. { 5. 15 A. M. } 1898.
4. Place of Birth, (Street and Number) 2075 Hanover Street.
5. Full Name of Mother, Isabella Cook,
6. Mother's Maiden Name, Griffith
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, James Cook.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, S. M. Laing for the

Address, Mothers Relief Society 1712 Eutaw Place

Remarks,

8980001043

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

Over

RETURN OF A BIRTH. 90360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr 17. (11.55 P. M.) 1898.
4. Place of Birth, (Street and Number) 126 Dover Street.
5. Full Name of Mother, Anna Barbara Powser,
6. Mother's Maiden Name, ~~Fiske~~ Meiker.
7. Mother's Birthplace, ~~Meiker.~~ Gminos Udrijos.
8. Full Name of Father, Anton Powser,
9. Father's Occupation Tailor.
10. Father's Birthplace, Gminos Udrijos.

Name of Medical Attendant, or other person who makes this Return, F. M. Kanne / for the

Address, Mothers Relief Society / 14½ Eutaw Place

Remarks, Full name of child — Joseph Powser

8 7 8 0 0 0 1 0 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90361

CERTIFICATE CORRECTED 5-8-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Edith ~~Ludora~~ Cook

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. *Sex*, (*state whether male or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, 14 Feb 1898
4. *Place of Birth*, (*Street and Number*) 1010 Hanover St
5. *Full Name of Mother*, Lillian B Cook
6. *Mother's Maiden Name*, ~~———~~ Lillian B. Brooks
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, (———) Joseph Cook
9. *Father's Occupation* Contractor
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Minnich

Address, 807 Leadenhall Street.

Remarks,

1898 0001045

third day of each and every month to the office of the Commissioner of Health. In case the birth of shall occur without the attendance of a physician or practioner of midwifery, or should no other per attendance upon the mother, immediately thereafter it shall become the duty of the person or parent Child to report its birth to the Commissioner of Health, in the manner and within the period above requ any such person or persons who shall hereafter fail to comply with the provisions of this section sha jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A-90362

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 15. (10. A. M.) 1895
4. Place of Birth, (Street and Number) 112 Smithhead Pl. Lane
5. Full Name of Mother, Susanne Niehoff,
6. Mother's Maiden Name, Merola.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Herman Niehoff,
9. Father's Occupation Laborer.
10. Father's Birthplace, Donabrück - Germany.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune / for the

Address, Mothers Relief Society / 1412 Hutaw Place

Remarks,

Wm. J. C. Dulany Co., City Printers

8 7 8 0 0 0 1 0 4 6

CERTIFICATE CORRECTED

RETURN OF A BIRTH. 90363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Isidore Rodbell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feby 19-98

4. Place of Birth, (Street and Number) 1105 E. Pratt

5. Full Name of Mother, Fanny Rothbell Rodbell

6. Mother's Maiden Name, Fanny Kirsch

7. Mother's Birthplace, Russia

8. Full Name of Father, Salomon Rothbell Rodbell

9. Father's Occupation Baker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this return, M. Farage. M.D.

Address, 6 S. Exeter St.

Remarks, Twin

8 9 8 0 0 0 1 0 4 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 90364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Feby 19 98
4. Place of Birth, (Street and Number)	1105 E. Pratt
5. Full Name of Mother,	Fanny Rothbell
6. Mother's Maiden Name,	" Kirsch
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Solomon Rothbell
9. Father's Occupation	Baker
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	J. M. Savage. M. D.
Address,	6 S. Exeter St
Remarks,	Twin

1898 00 01048

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

CERTIFICATE CORRECTED 4-1-60

RETURN OF A BIRTH. 90366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Katherine Stein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 13 1898
4. Place of Birth, (Street and Number) 1432 E Baltimore
5. Full Name of Mother, Ida A. Stein
6. Mother's Maiden Name, Braun.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John F C Stein
9. Father's Occupation Tailor Trimmer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Howard C Sellers

Address, 1427 E Baltimore

Remarks,

8 9 8 0 0 0 1 0 4 9

Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if ~~not~~ of the white race)* white
3. *Date of Birth,* Feb. 19th 1898
4. *Place of Birth, (Street and Number)* 20 March Market Sp.
5. *Full Name of Mother,* Rachel Bernstein
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Altes Bernstein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter St.

Remarks,

1898 0001050

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 22 1898
4. Place of Birth, (Street and Number) No 1203 N. Franklin st Balto City Md.
5. Full Name of Mother, Sarah E. Starter
6. Mother's Maiden Name, Sarah E. Daughaday
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, John J. Starter
9. Father's Occupation, Inspector Water Dept
10. Father's Birthplace, Baltimore County Maryland

Name of Medical Attendant, or other person who makes this Return, Maria Terry

Address, Gardenville Balto Co Md

Remarks,

8980001051

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register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 90368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 February 1898
4. Place of Birth, (Street and Number) 832 Lisburn St
5. Full Name of Mother, Mary Radecka
6. Mother's Maiden Name, Mc Hugh
7. Mother's Birthplace, Germany
8. Full Name of Father, Jak Radecki
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Beyer

Address, 121 Ann St

Remarks, Baltimore

1898 00001052

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 23. (9.45 A. M.) 1898.
4. Place of Birth, (Street and Number) 1117 N. Monument Street.
5. Full Name of Mother, Euphrosine Canovan,
6. Mother's Maiden Name, Perepelit.
7. Mother's Birthplace, New Orleans - La.
8. Full Name of Father, Philipp Jefferson Canovan,
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kaune / for the

Address, Mothers Relief Society / 1712 Indian Place.

Remarks,

8980001053

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 90870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 24. (11.45 P. M.) 1898
4. Place of Birth, (Street and Number) 1431 Sumwalt Court.
5. Full Name of Mother, Anna Giles
6. Mother's Maiden Name, Graul
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Norris Giles
9. Father's Occupation Laborer,
10. Father's Birthplace, Balto. Md.,

Name of Medical Attendant, or other person who makes this Return, Dr. H. Kaund for the

Address, Mothers Relief Society 1412 Eutaw Place.

Remarks,

8980001054

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36]

GIVEN NAME ADDED 6-16-59 90371

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Kroth, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 25. (11.45 P. M.) 1898
4. Place of Birth, (Street and Number) 1725 Hauber Street Lower Rear.
5. Full Name of Mother, Anna Margarethe Kroth,
6. Mother's Maiden Name, Weise.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Theodore Kroth,
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaynes for the

Address, Protestant Relief Society, 1212 Eutaw Place.

Remarks,

8980001055

Every midwife, physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236

903,72

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby. 21st. 98-
4. Place of Birth, (Street and Number) 505 Mc Henry St.
5. Full Name of Mother, Mary E. Baumstieker
6. Mother's Maiden Name, Mary E. Sheldon
7. Mother's Birthplace, Charlotte Hall, Md.
8. Full Name of Father, Chas. F. Baumstieker
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ihle, M.D.

Address, 1703 W. Fayette St.

Remarks,

8980001056

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 17th of February 1898
4. *Place of Birth, (Street and Number)* 1009 Woodyear st. Balto City
5. *Full Name of Mother,* Josephine Hollins
6. *Mother's Maiden Name,* Josephine Talton.
7. *Mother's Birthplace,* Shandoe V.A.
8. *Full Name of Father,* Thomas Hollins
9. *Father's Occupation* Tokomoke County Labor
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr Wm. Jones 1009

Address, Woodyear st

Remarks, 0

8980001057

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-26-57

RETURN OF A BIRTH.

90374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Margaret Harman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eight

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, fourth of Febuary 1898
4. Place of Birth, (Street and Number) 847 Woodward st
5. Full Name of Mother, Mary Elizabeth Harman
6. Mother's Maiden Name, Mary Elizabeth O Grady
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Harman
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary J Keller

Address, 812 N Gamby ST

Remarks,

8980001058

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Son
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	10 of Feb White
3. *Date of Birth,*	12 22d. Cross St
4. *Place of Birth, (Street and Number)*	1894
5. *Full Name of Mother,*	Mary E Thould
6. *Mother's Maiden Name,*	Mary E Miller
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John H Thould
9. *Father's Occupation*	plum
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mary B Keller
Address,	S. 12 W Hanover St
Remarks,	

1898 0001059

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Feb 1st 96

4. *Place of Birth, (Street and Number)* 649 Price st.

5. *Full Name of Mother,* Julia Miles

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, E. M. Allen MD.

Address, 622 W. Lombard

Remarks,

8 9 8 U 0 0 1 0 6 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 2nd 98
4. *Place of Birth, (Street and Number)*	Maternité - 529 W Lombard
5. *Full Name of Mother,*	Jessie Lee
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Alabama
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	E. Dayton M.D.
Address,	529 W Lombard St
Remarks,	

8 7 8 U 0 0 1 0 6 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	VII Para
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Feb 7th 98
4. *Place of Birth, (Street and Number)*	616 Gilbert St.
5. *Full Name of Mother,*	Josephine Williams
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W. Lombard
Remarks,	

8980001062

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Para

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Feb. 3th 98
4. Place of Birth, (Street and Number) 139 Campbell Lane
5. Full Name of Mother, Daisy Rabbensberg
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen

Address, 622 W. Lond

Remarks,

$9980001063

Wm. J. C. Dulany Co. City Printers and Stationers

Section 4. Be it ordained that from and after the first day of January, 1899, it shall not be lawful for any person or persons to practice midwifery in the City of Baltimore, except in case of emergency, without having first obtained a license from the Commissioner of Health, and any person or persons who shall practice midwifery in the City of Baltimore without having first obtained a license from the Commissioner of Health, shall be subject to a fine of not less than ten dollars nor more than fifty dollars for each offence.

Section 5. Be it ordained that every person who shall practice midwifery in the City of Baltimore, shall keep a register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, Feb 4th 98

4. Place of Birth, (Street and Number) 810 Hanover

5. Full Name of Mother, Clara Jones

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, E. M. Allen MD

Address, 622 W. Lombard

Remarks,

8980001064

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Feb 4th 98
4. *Place of Birth, (Street and Number)* 314 W Lombard
5. *Full Name of Mother,* Mrs Marrow
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L M Allen MD

Address, 622 W Lombard

Remarks,

8980001065

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90382

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 4. 1898

4. Place of Birth, (Street and Number) St. Vincents Infant Asylum

5. Full Name of Mother, Mrs Mary Kelly

6. Mother's Maiden Name, not known

7. Mother's Birthplace, Ireland

8. Full Name of Father, not known

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D. L. Rossi M.D.

Address, 807 N. Eutaw St

Remarks,

8 9 8 0 0 0 1 0 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Certificate shall be delivered only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Feb 6th

4. *Place of Birth, (Street and Number)* 1018 S. Howard

5. *Full Name of Mother,* Minnie Brown

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen MD

Address, 622 W. Lombard

Remarks,

8 9 8 0 0 0 1 0 6 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereof, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

~~8994~~ 9088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Feb. 7th 1898.
4. *Place of Birth, (Street and Number)* 603 McElderry Court
5. *Full Name of Mother,* Rosetta Miller
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Unmarried
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters, M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8 9 8 0 0 0 1 0 6 8

been concerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II Para

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, Feb 9th

4. Place of Birth, (Street and Number) 766 Druid St.

5. Full Name of Mother, Susie Jones

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard

Remarks,

8980001069

Wm. J. C. Dulany Co., City Printers and Stationers

In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II Para
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Feb 10th 94
4. *Place of Birth, (Street and Number)*	730 Lemmon Ave
5. *Full Name of Mother,*	Mary Foster
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen MD
Address,	622 W. Lombard
Remarks,	

8980001070

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90387

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III Para
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Feb 11th 98
4. *Place of Birth, (Street and Number)*	811 China St.
5. *Full Name of Mother,*	Jennie Hassell
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen MD
Address,	622 W. Lombard
Remarks,	

8980001071

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any,) and the full name and occupation of its parents, the date and place of birth, first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III Para

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* Feb. 2d 98

4. *Place of Birth, (Street and Number)* 904 W. Lombard

5. *Full Name of Mother,* Mrs. Wallace

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard.

Remarks,

8980001072

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I Para

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C

3. Date of Birth, Feb 12th 98

4. Place of Birth, (Street and Number) 914 Lanvale St.

5. Full Name of Mother, Nettie Williams

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, F. M. Allen MD

Address, 622 W Lanvale

Remarks,

8980001073

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I Para
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Feb 12th 94
4. *Place of Birth, (Street and Number)*	310 Shook St.
5. *Full Name of Mother,*	Henrietta Greene
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W. Lombard
Remarks,	

8980001074

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 10. 1898
4. Place of Birth, (Street and Number) St. Vincents Infant Asylum
5. Full Name of Mother, Mary Ford
6. Mother's Maiden Name, "
7. Mother's Birthplace, D "
8. Full Name of Father, Not Known
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, A. Le. Rasin M.D.

Address, 801 N. Eutaw St

Remarks,

8 9 8 0 0 0 1 0 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...ctitioner in the form of a certificate between the first and ...ioner of Health. In case the birth of any child ...son be in ...ch ...required, and ...ection shall be sub- ...ecoverable.

RETURN OF A BIRTH.

90392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 12. 1898
4. *Place of Birth, (Street and Number)*	St. Vincents Infants Asylum
5. *Full Name of Mother,*	Maggie Wile
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	A. L. Rasin M.D.
Address,	807 N. Eutaw St.
Remarks,	

8980001076

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	February 12th 98.
4. *Place of Birth, (Street and Number)*	Maternité 115 W. Lombard
5. *Full Name of Mother,*	Lou Magee
6. *Mother's Maiden Name,*	Lou Magee
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E. Dayton M.D.
Address,	115 W. Lombard St.
Remarks,	

8 9 8 0 0 0 1 0 7 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X Para

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Feb. 3rd 98

4. *Place of Birth, (Street and Number)* 617 Mulberry Court

5. *Full Name of Mother,* Maggie Scott

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard.

Remarks,

8980001078

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 96396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	IV Para
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Feb 14th 98
4. *Place of Birth, (Street and Number)*	226 N. Bruce St.
5. *Full Name of Mother,*	Ida Ross
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L M Allen MD
Address,	622 W. Lombard
Remarks,	

8980001079

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 14th 1898
4. *Place of Birth, (Street and Number)*	Maternite 115 W. Lombard St
5. *Full Name of Mother,*	Lizzie Haller
6. *Mother's Maiden Name,*	Lizzie Haller
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E. Boynton M.D.
Address,	115 W. Lombard
Remarks,	

8980001080

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I Para
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Feb 15th 98
4. *Place of Birth, (Street and Number)*	756 Pine St.
5. *Full Name of Mother,*	Ida Ransom.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622. W Lombard.
Remarks,	

8980001031

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 15. 1898
4. Place of Birth, (Street and Number) St. Vincents Infant Asylum
5. Full Name of Mother, Belle Connors
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, Not known
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, R. Le. Davis M.D.

Address, 807 N. Eutaw St.

Remarks,

8980001082

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever shall neglect or refuse to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the birth of any child, as required by the Ordinance of 1898, or shall report as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II Para

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, Feb 10 1900

4. Place of Birth, (Street and Number) 110 E Fort Ave

5. Full Name of Mother, Belle Vogel

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, F. M. Allen M.D.

Address, 672 W. Fayette

Remarks,

8 9 8 0 0 0 1 0 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 96200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II Para

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Feb 16th 98

4. *Place of Birth, (Street and Number)* 1361 Wood St

5. *Full Name of Mother,* Lida Holmes

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 612 W. Lombard

Remarks,

8980001084

Wm. J. C. Dulany Co., City Printers and Stationers.

Any midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 16. 1898
4. Place of Birth, (Street and Number) St. Vincents Infant Asylum
5. Full Name of Mother, Lizzie Russell
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Not known
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, A. E. Rand M.D.

Address, 807 N. Eutaw St.

Remarks,

8980001085

Wm. J. C. Dulany Co., City Printers and Stationers.

Each child born alive in the City of Baltimore, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-10-55

RETURN OF A BIRTH.

902102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

August Milton ~~Williams~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II Para
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Feb 14th 1898
4. *Place of Birth, (Street and Number)*	501 W. Lombard
5. *Full Name of Mother,*	Charlotte Williams
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen MD
Address,	622 W. Lombard
Remarks,	

Sec. 5. Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E 9 9 8 0 0 0 1 0 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	February 18th 98
4. *Place of Birth, (Street and Number)*	Maternite 115 N Lombard
5. *Full Name of Mother,*	Minnie Dix
6. *Mother's Maiden Name,*	Minnie Dix
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	E. Boynton M.D.
Address,	115 N Lombard St.
Remarks,	

8 9 8 0 0 0 1 0 8 7

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I Para

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Feb 20th

4. *Place of Birth, (Street and Number)* 1061 Bond St.

5. *Full Name of Mother,* Neizda Jones

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen MD

Address, 622 W. Lombard

Remarks,

8 9 8 0 0 0 1 0 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III Para

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Feb 20th 98
4. *Place of Birth, (Street and Number)* 402 Vincent St.
5. *Full Name of Mother,* Ella Gross
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen MD

Address, 622 W. Lombard

Remarks,

8 9 8 U 0 0 1 0 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 21, 1898

4. Place of Birth, (Street and Number) St. Vincents Infant Asylum

5. Full Name of Mother, Ida Williams

6. Mother's Maiden Name, "

7. Mother's Birthplace, Md.

8. Full Name of Father, Not known

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, R. L. Rasin M. D.

Address, 807. N. Eutaw St.

Remarks,

8980001090

Wm. J. C. Dulany Co,. City Printers and Stationers.

Sec. 5. And be it further enacted, That every certificate required by the first section of this ordinance shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	February 21st 95
4. *Place of Birth, (Street and Number)*	Maternity 115 N. Lombard St
5. *Full Name of Mother,*	Josie Emery
6. *Mother's Maiden Name,*	Rose Emery
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	E. Dayton M.D.
Address,	115 N. Lombard St
Remarks,	

8 9 8 0 0 0 1 0 9 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90408

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 22 [illegible]

4. Place of Birth, (Street and Number) Maternité - 46 N Lombard St.

5. Full Name of Mother, Susie Carr

6. Mother's Maiden Name, Susie Carr

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, E Boynton MD

Address, 46 N Lombard St

Remarks,

8 9 8 U 0 0 1 0 9 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I Para

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Feb 3rd 98

4. *Place of Birth, (Street and Number)* 724 Bowers Court

5. *Full Name of Mother,* Mary Harris

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J M. Allen MD

Address, 622 W Lombard

Remarks,

8980001093

Wm. J. C. Dulany Co., City Printers and Stationers

Same Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

901/10

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II Paca St.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Feb 23rd 95

4. *Place of Birth, (Street and Number)* 30 b Paca St.

5. *Full Name of Mother,* Ella Bevans

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, F. M. Allen MD.

Address, 622 W. Lombard

Remarks,

8980001094

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

9-0d/11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II Para

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C

3. Date of Birth, Feb 24th

4. Place of Birth, (Street and Number) 521 Addison Alley

5. Full Name of Mother, Christy Anne.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 621 W. Lombard

Remarks,

8 7 8 0 0 0 1 0 9 5

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 25. 1898
4. *Place of Birth, (Street and Number)*	St. Vincents Infant Asylum
5. *Full Name of Mother,*	Agnes Leach
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	A. Le Roy Davis M.D.
Address,	807 N. Eutaw St.
Remarks,	

8980001096

Wm. J. C. Dulany Co., City Printers and Stationers.

The Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 25. 1898
4. Place of Birth, (Street and Number) St. Vincents Infant Asylum
5. Full Name of Mother, Mamie Goff.
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, Not known
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, A. L. Rasin M. D.

Address, 807 N. Eutaw St.

Remarks,

8980001097

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered in said book, the fact must be certified by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 902/14

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	VIII Para
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Feb 26th
4. *Place of Birth, (Street and Number)*	435 Kepplers Court.
5. *Full Name of Mother,*	Emma Tasko.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L McAllen MD.
Address,	612 W Lombard.
Remarks,	

B 4 8 U 0 0 1 0 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 94416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each Physician or Midwife, in attendance upon the mother, shall write the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I Pm
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Feb 27th
4. *Place of Birth, (Street and Number)*	19 Lamdin Lane
5. *Full Name of Mother,*	Minnie Smith
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen MD
Address,	622 W. Lombard
Remarks,	

8 9 8 0 0 0 1 0 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 902/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III Para
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Feb 24th 96
4. *Place of Birth, (Street and Number)*	1907 Booth St.
5. *Full Name of Mother,*	Maggie Hall
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W. Lombard.
Remarks,	

1896000111 00

Wm. J. C. Dulany Co., City Printers and Stationers.

and Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I Para

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Feb 28th
4. *Place of Birth, (Street and Number)* 216 Dawsonaeen
5. *Full Name of Mother,* Daisy Mathews
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L M Allen MD.

Address, 622 W. Lombard

Remarks,

B 9 8 0 0 0 1 1 0 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

902/18

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 19 '98
4. *Place of Birth, (Street and Number)*	153 Broadway
5. *Full Name of Mother,*	Annie Menetta Miller
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	White
8. *Full Name of Father,*	Md.
9. *Father's Occupation*	Wm E Miller
10. *Father's Birthplace,*	Clerk
Name of Medical Attendant, or other person who makes this Return,	Balto.
Address,	Wm J Watson
Remarks,	1601 Broadway

8 7 8 0 0 0 1 1 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 21st of February 1898
4. *Place of Birth, (Street and Number)* 1437 Druid St
5. *Full Name of Mother,* Ella Comegys
6. *Mother's Maiden Name,* Ella Shaddum
7. *Mother's Birthplace,* Pocahontas md
8. *Full Name of Father,* James Comegys
9. *Father's Occupation* Job work
10. *Father's Birthplace,* Easton Shore

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Chatsworth St

Remarks,

8980001103

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 90420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 Feb 1898
4. Place of Birth, (Street and Number) 2013 Ashland ave
5. Full Name of Mother, Emma Amthein
6. Mother's Maiden Name, Rummer
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Charles Amthein
9. Father's Occupation Baker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R. Allig

Address, 1302 E Lexington St

Remarks,

8980001104

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 9042-1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	Colored
Date of Birth	February 4th 1895
Place of Birth (Street and Number)	513 W. Biddle Street
Full Name of Mother	Mary Prince
Mother's Maiden Name	Mary Lee
Mother's Birthplace	Baltimore MD
Full Name of Father	Shirley Prince
Father's Occupation	Waiter
Father's Birthplace	Baltimore MD
Name of Medical Attendant, or other Person who makes this Return.	Sophia Johnson
Address	
Remarks	

B 4 8 0 0 0 1 1 0 5

RETURN OF A BIRTH. A 90422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* feb 1898
4. *Place of Birth, (Street and Number)* 502 W. Montgomery St
5. *Full Name of Mother,* Liza Carey
6. *Mother's Maiden Name,* Liza Bailey
7. *Mother's Birthplace,* Carroll Co. Md
8. *Full Name of Father,* George W. Carey
9. *Father's Occupation* labor
10. *Father's Birthplace,* Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Sarah Thomas

Address, 242 York St

Remarks,

8780001106

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further enacted, That the full name and occupation of its parents, the date and place of birth, and the sex, color, of each child born alive within the limits of Baltimore City, shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 90423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9 Feb 1898
4. *Place of Birth, (Street and Number)* 2923 O'Donnell St
5. *Full Name of Mother,* Mary Warwick
6. *Mother's Maiden Name,* " Gill
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father* W^m Warwick
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullig

Address, 1302 E Lexington St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 8 0 0 0 1 1 0 7

1236]

RETURN OF A BIRTH. A. 90424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male — David K. E. Bruce a.10 2/10/20

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb. 12, 1898.

4. Place of Birth, (Street and Number) 913 Cathedral St.

5. Full Name of Mother, Louise Este Fisher Bruce

6. Mother's Maiden Name, Louise Este Fisher

7. Mother's Birthplace, Baltimore

8. Full Name of Father, W. Cabell Bruce

9. Father's Occupation, Lawyer

10. Father's Birthplace, Charlotte Co., Va.

Name of Medical Attendant, or other person who makes this Return, Howard A. Kelly,

Address, 1406 Eutaw Place

Remarks,

1898 0001108

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-15-58

RETURN OF A BIRTH. A 90425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Grams

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) ~~Male~~ Female

2. Race or Color, (if not of the white race)

3. Date of Birth. Feb. 17 — 1878.

4. Place of Birth, (Street and Number) 526 N. Calhoun St.

5. Full Name of Mother, Olivia Grams

6. Mother's Maiden Name, Olivia Rusz. Rusz

7. Mother's Birthplace, Galizien.

8. Full Name of Father, F. C. Grams

9. Father's Occupation, Clerk.

10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return, H. Evans

Address, N E Cor. Carey & Fayette.

Remarks,

8480001109

third day of each and every month to the Office of the Commissioner of Health. In case of the absence or inability of the attendant to make such return, the duty shall devolve upon the mother, immediately thereafter. It shall be the duty of any physician or midwife in attendance upon the mother, immediately thereafter to report the birth of any child which he shall attend. In case no physician or midwife shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 90426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 14 1895
4. Place of Birth, (Street and Number) 1322 N. Calhoun
5. Full Name of Mother, Jane Barton
6. Mother's Maiden Name, Jane Evans
7. Mother's Birthplace, Frederick Co.
8. Full Name of Father, Chas. E. Barton
9. Father's Occupation Waiter
10. Father's Birthplace, Frezet Md

Name of Medical Attendant, or other person who makes this Return, Harris Jones

Address, 1837 N Chatsworth St

Remarks,

8980001110

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 90427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	Dec 14 1898
4. *Place of Birth, (Street and Number)*	[illegible] Independence Terrace
5. *Full Name of Mother,*	Agnes Dulany
6. *Mother's Maiden Name,*	By Stanage
7. *Mother's Birthplace,*	Joseph Dulany
8. *Full Name of Father,*	Germantown
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	married
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	

8 9 8 0 0 6 1 1 1 1

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 90428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Colored Male
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible] Date
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Okahoma St.

Remarks,

8 9 8 0 0 0 1 1 1 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 90429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 26, 1898.

4. Place of Birth, (Street and Number) 152 Exeter St.

5. Full Name of Mother, Annie Bernstein

6. Mother's Maiden Name, " Vogelson

7. Mother's Birthplace, Russia

8. Full Name of Father, Solomon Bernstein

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E Scherman

Address, 43 Altemarle St.

Remarks,

8 9 8 U 0 0 1 1 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...ly signed to the practitioner in the form of a certificate between the first and ... to the office of the Commissioner of Health. In case the birth of any child ... of a physician or practitioner of midwifery, or should no other person be in ... day of each and every month to the office of the person or parents of such ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... third day of each and every month to the office of the person or parents of such ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become and within the period above required, and ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 90430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) ~~Fem~~ male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 26th Feb 1898
4. Place of Birth, (Street and Number) 322 Selma place
5. Full Name of Mother, Lina B Fisher
6. Mother's Maiden Name, Lina B Jefferson
7. Mother's Birthplace, King George Co Va.
8. Full Name of Father, Henry L Fisher
9. Father's Occupation Labor
10. Father's Birthplace, Essex Co Va

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1332 Walnut St

Remarks,

8 9 8 0 0 0 1 1 1 4

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 90437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 26th 1898

4. Place of Birth, (Street and Number) 1017 Sterrett St

5. Full Name of Mother, Caroline Wilhelmina Fisher

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Mahlon Wilhelm

9. Father's Occupation Street Watchster

10. Father's Birthplace, Anderandel County Md.

Name of Medical Attendant, or other person who makes this Return, Mari Kestler

Address, 812 W. Hamburg St

Remarks, not Married

8980001115

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Be it further enacted, That no certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 90432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	28 Feb. 1898
4. *Place of Birth, (Street and Number)*	828 N. Penn st
5. *Full Name of Mother,*	Annie McDaid
6. *Mother's Maiden Name,*	Annie Kelly
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James F. McDaid
9. *Father's Occupation*	Brassfinisher
10. *Father's Birthplace,*	Baltimore md
Name of Medical Attendant, or other person who makes this Return,	Mrs J. Price Kadwitz
Address,	1417 E. Eager st.
Remarks,	

8980001116

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 90433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, July 14th 1898
4. Place of Birth, (Street and Number) Bloomingdale Ave. Calverton
5. Full Name of Mother, Ella Olivia Sauders
6. Mother's Maiden Name, Ella Olivia Hemp
7. Mother's Birthplace, Frederick Co. Md.
8. Full Name of Father, John Sauders
9. Father's Occupation Plasterer
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return, J. Azepp M.D.

Address, 3050 W. North Ave.

Remarks,

8980001117

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 90434.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Feby. 24th. 1898

4. *Place of Birth, (Street and Number)* 2862 Lanvale St.

5. *Full Name of Mother,* Elizabeth Ann Quinn

6. *Mother's Maiden Name,* E.A. Quinn

7. *Mother's Birthplace,* New York

8. *Full Name of Father,* William Andrew Quinn

9. *Father's Occupation* Conductor R.T.V. Cars

10. *Father's Birthplace,* Balt. City Md.

Name of Medical Attendant, or other person who makes this Return, A.A. Zeleff M.D.

Address, 3050 W. North Ave.

Remarks,

8 9 8 0 0 0 1 1 1 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 90435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Feby. 4 / 98
4. Place of Birth, (Street and Number) N.E. Cor. Gough and Durham
5. Full Name of Mother, Mary E. Dykes
6. Mother's Maiden Name, " " Le Cates
7. Mother's Birthplace, B. C.
8. Full Name of Father, John B. Dykes
9. Father's Occupation Merchant
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, G. L. Williams

Address, 6 N. Broadway

Remarks,

8980001119

Wm. J. C. Dulany Co,. City Printers and Stationers.

235

RETURN OF A BIRTH A. 90437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Name Henry Christian Frank

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 Oct 1912
4. *Place of Birth, (Street and Number)* 316 Ramsey st
5. *Full Name of Mother,* Anna Frank
6. *Mother's Maiden Name,* Klein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Edward Frank
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Hugo Bondell

Address, 1014 N. Bond st

Remarks,

8 9 8 0 0 0 1 1 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Return of a Birth shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

2361

RETURN OF A BIRTH A. 90438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 6 Feb 1895
4. Place of Birth, (Street and Number) 345 Forest
5. Full Name of Mother, Christine Thomsen
6. Mother's Maiden Name, Kinard
7. Mother's Birthplace, Germany
8. Full Name of Father, Rudolph Thomsen
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Otto Brandt

Address, 1017 N Paca st

Remarks,

8980001121

been collected, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 90439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, (Feb 24 - 1898) 1262

4. Place of Birth, (Street and Number) ~~Lillie Carney~~ Baltimore Sharguet ✓

5. Full Name of Mother, Lillie Carney

6. Mother's Maiden Name, Lilly Russell

7. Mother's Birthplace, Balt Md

8. Full Name of Father, Geo W Carney

9. Father's Occupation Machinist

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 8 0 0 0 1 1 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...duty of each and every ... of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 90440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 28
4. *Place of Birth, (Street and Number)* 119 Hilton St
5. *Full Name of Mother,* Mary Walter
6. *Mother's Maiden Name,* Fowler
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Randolph Walter
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Vermont

Name of Medical Attendant, or other person who makes this Return, Chas Rosenbush

Address, 1401 W Baltimore St

Remarks,

8 9 8 0 0 0 1 1 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A. 90441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 21 1898
4. *Place of Birth, (Street and Number)* 1470 Carey St.
5. *Full Name of Mother,* Gertrude Steiger Cooksey
6. *Mother's Maiden Name,* Gertrude Cooksey
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Frank Cooksey
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Frederick Co Md

Name of Medical Attendant, or other person who makes this Return, W. T. Keelty M.D.

Address, 1841 Pennsylvania Ave.

Remarks,

8 9 8 0 0 0 1 1 2 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 90442

GIVEN NAME ADDED 4-8-64.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Arthur~~ C. Hancock

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 5 98
4. Place of Birth, (Street and Number) 1235 E Oliver
5. Full Name of Mother, Viola Hancock
6. Mother's Maiden Name, Brown
7. Mother's Birthplace, Balto
8. Full Name of Father, Clifford Hancock
9. Father's Occupation C. B. R. Conductor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E Preston St

Remarks,

8980001125

shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 90443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 12/98

4. Place of Birth, (Street and Number) 1513 N. Carolina St.

5. Full Name of Mother, Margaret Delehas

6. Mother's Maiden Name, Boyd

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm Delehas

9. Father's Occupation Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billington

Address, 1206 E. Pratt St

Remarks,

8 9 8 0 0 0 1 1 2 6

shall occur without the attendance of a physician or practitioner of medicine, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 904444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 23/98

4. Place of Birth, (Street and Number) 1254 N. Gay st

5. Full Name of Mother, Lillie Ray Fisher

6. Mother's Maiden Name, Bolli

7. Mother's Birthplace, Howard

8. Full Name of Father, Roy Cooper

9. Father's Occupation Bolts

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm. B. Billingslea

Address, 1206 E. Preston St

Remarks,

3 9 8 0 0 0 1 1 2 7

shall occur without the attendance of a physician or practitioner, or within ten days after the birth of such child, the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 90445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 3rd 98.

4. *Place of Birth, (Street and Number)* 1034 N Caroline St

5. *Full Name of Mother,* Mary M Huber

6. *Mother's Maiden Name,* Rupert

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Henry C Huber

9. *Father's Occupation* Cutter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J W Seldon M.D.

Address, 1501 E. Eager St.

Remarks,

1898000 1128

said scheme shall be delivered, duly signed by the said Midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 90446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feby 3 / 95

4. *Place of Birth, (Street and Number)* 1234 N. Caroline St.

5. *Full Name of Mother,* Mary M. Stuber

6. *Mother's Maiden Name,* Rupert

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Henry G. Stuber

9. *Father's Occupation* Cutter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, S. H. Schluer M.D.

Address, 1311 Eager St.

Remarks,

1 8 9 8 0 0 0 1 1 2 9

said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Registrar of Vital Statistics within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 90447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Charles W Trigg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 7. 1898
4. Place of Birth, (Street and Number) 2211 Maple Ave
5. Full Name of Mother, Mrs Samuel R Trigg
6. Mother's Maiden Name, Wip
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel R. Trigg
9. Father's Occupation Clerk
10. Father's Birthplace, Cumberland Md

Name of Medical Attendant, or other person who makes this Return, D W Browne M.D.

Address, 516 Park Ave

Remarks,

8980001130

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A.90448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 15/98.
4. *Place of Birth, (Street and Number)*	611 Mont & Edmondson
5. *Full Name of Mother,*	Margaret L Gorhagen
6. *Mother's Maiden Name,*	McGlone
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Edward L Gorhagen
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Dorchester Co Md
Name of Medical Attendant, or other person who makes this Return,	J. H. Feldman M.D.
Address,	1301 E. Eager St
Remarks,	8980001131

said schedule shall be delivered, duly signed, to the physician or midwife in attendance upon the birth of any child to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. A 90449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George Jenkins 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby 16/98

4. Place of Birth, (Street and Number) 1446 N Chester St.

5. Full Name of Mother, Mary Jenkins

6. Mother's Maiden Name, Comunde

7. Mother's Birthplace, Phila Pa.

8. Full Name of Father, Charles S. Jenkins

9. Father's Occupation Driver

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. H. Isdner M.D.

Address, 1501 E. Eager St

Remarks, 8980001132

said schedule shall be delivered, duly signed by the practitioner in the case of any child born in the city of Baltimore, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 7-14-59

RETURN OF A BIRTH A 90450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Linnea Anna ~~Rester~~ First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	~~Fx~~ White
3. *Date of Birth,*	Jan 16 08.
4. *Place of Birth, (Street and Number)*	1402 N. Bond St
5. *Full Name of Mother,*	Johanna ~~Rosa~~ Reader
6. *Mother's Maiden Name,*	Kreiner
7. *Mother's Birthplace,*	Styria Co Md
8. *Full Name of Father,*	Arthur ~~Rosenbaum~~ Rester
9. *Father's Occupation*	Musician
10. *Father's Birthplace,*	Austria
Name of Medical Attendant, or other person who makes this Return,	J. W. Silver M.D.
Address,	1012 E. Eager St.
Remarks,	3480001133

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 9048-1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Febry 19/98.

4. *Place of Birth, (Street and Number)* 1024 E Eden St.

5. *Full Name of Mother,* Catherine E Hoffman

6. *Mother's Maiden Name,* Trarg.

7. *Mother's Birthplace,* Balt.

8. *Full Name of Father,* Conrad H Hoffman

9. *Father's Occupation* Produce Dealer

10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, S. W. Seldran M. D.

Address, 1501 E. Eager St.

Remarks,

8980001134

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 9045-L

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feby 27/98.

4. *Place of Birth, (Street and Number)* 405 N. Castle St.

5. *Full Name of Mother,* Lena Deluca

6. *Mother's Maiden Name,* Keffler

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Louis J. Deluca

9. *Father's Occupation* Shoe Repairer

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, J. W. Feldmeier M.D.

Address, 1501 E Fayette St.

Remarks, 8980001135

said schedule shall be delivered, duly signed by the practitioner in the first
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner aforesaid, and within the time aforesaid,
any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 90453

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 1898

4. Place of Birth, (Street and Number) 2579 Barclay St.

5. Full Name of Mother, Augusta January

6. Mother's Maiden Name, Lantz

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George H. January

9. Father's Occupation Machinist

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Dr. Hartland

Address, 815 Eutaw Ave.

Remarks,

8 7 8 0 0 0 1 1 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

If any child in each and every case of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in third day in each and every case of the duty of the person or parents of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 904454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 11th 91
4. *Place of Birth, (Street and Number)*	728 E Person St Balto
5. *Full Name of Mother,*	Louise Fiedler
6. *Mother's Maiden Name,*	Louise Lytle
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Adrian Fiedler
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	E. Boarts Md.
Address,	728 Patterson Ave. Balto
Remarks,	

8980001137

said schedule shall be delivered, duly signed, to the proper officer of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the time aforesaid. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 90455

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 11th 1898.
4. Place of Birth, (Street and Number) 154 Old York road
5. Full Name of Mother, Augusta M. Smith
6. Mother's Maiden Name, Layton
7. Mother's Birthplace, Scotland
8. Full Name of Father, Thomas J. Smith
9. Father's Occupation Motor Man Street Car
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, J. Hall Hall M.D.

Address, 815 Jefferson Ave.

Remarks,

1898 00011138

third day of each and every month by the midwifery, or should no other person be in attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 90456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	1 st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 6th 1898.
4. *Place of Birth, (Street and Number)*	514 Jefferson Ave.
5. *Full Name of Mother,*	Abbe French
6. *Mother's Maiden Name,*	Ronan
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Henry H. French
9. *Father's Occupation*	Coal coal driver
10. *Father's Birthplace,*	Va.
Name of Medical Attendant, or other person who makes this Return,	J. B. Hartwell D.
Address,	815 Jefferson Ave.
Remarks,	

1898000011 39

Wm. J. C. Dulany Co., City Printers and Stationers.

90459

RETURN OF A BIRTH

a 90459
Vol 16
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) February 8 1898

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* February 8 1898.

4. *Place of Birth, (Street and Number)* 1733 Orleans Street

5. *Full Name of Mother,* Susie Jenkins

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Born in East New Market Dor-

8. *Full Name of Father,* John Roles chester County

9. *Father's Occupation,* Pinest

10. *Father's Birthplace,* South Durham Street

Name of Medical Attendant, or other Person who makes this Return.

Address, 627 Bradford Street

Remarks, Mary Jane Jenkins

18980001140

birth of any child shall occur within the above named time, it shall become the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

90458

RETURN OF A BIRTH

B. 91458 Vol 16 fol 148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, Thursday February 17th 1898

4. Place of Birth, (Street and Number) 920 Gunthorpe st

5. Full Name of Mother, Annie L. Ritch

6. Mother's Maiden Name, Annie L. Barkley

7. Mother's Birthplace, Dorchester Co Md

8. Full Name of Father, William J. Ritch

9. Father's Occupation Brickyard

10. Father's Birthplace, Saint Maries Co

Name of Medical Attendant, or other Person who makes this Return. Miss J. Coveny

Address, 607 N. Bradford Alley

Remarks, 8980001141

be in attendance upon the mother, immediately thereafter it shall become the duty of the person so in attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

by & Co., City Printers and Stationers.

RETURN OF A BIRTH. 90459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 2. 1898
4. *Place of Birth, (Street and Number)*	1321 Hollins St.
5. *Full Name of Mother,*	Martha Le Taylor Dougherty
6. *Mother's Maiden Name,*	" " Byrnes
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	John Chas. Dougherty
9. *Father's Occupation*	P.O. Clerk
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. A. Hartman M.D.
Address,	1121 N. Carolina St.
Remarks,	

8980001142

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 90460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5. 1898
4. Place of Birth, (Street and Number) 1625 N. Bond St.
5. Full Name of Mother, Mary E. E. Kilmond
6. Mother's Maiden Name, " " King
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Elmer M. Kilmond
9. Father's Occupation Manufacturer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Jno. A. Hartman M.D.

Address, 1131 N. Caroline St.

Remarks,

1898000143

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 90461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 11. 1895
4. *Place of Birth, (Street and Number)*	531 Eighth St.
5. *Full Name of Mother,*	Kate Scott Sutherland
6. *Mother's Maiden Name,*	" " Armacost
7. *Mother's Birthplace,*	Balto. Co. Md.
8. *Full Name of Father,*	David Cameron Sutherland
9. *Father's Occupation*	Dentist
10. *Father's Birthplace,*	Richmond Va.
Name of Medical Attendant, or other person who makes this Return,	Jos. A. Hartman M.D.
Address,	1121 N Carolina St.
Remarks,	

1898000 1144

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 90462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 14 1898
4. *Place of Birth, (Street and Number)* 703 W Hamburg St
5. *Full Name of Mother,* Carrie Wessel
6. *Mother's Maiden Name,* " Stoll
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Wessel
9. *Father's Occupation* Glass Blower
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos McLaughlin M D

Address, 603 S Paca St

Remarks,

8 9 8 0 0 0 1 1 4 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 90463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 23. 1895
4. *Place of Birth, (Street and Number)*	1204 Central Ave.
5. *Full Name of Mother,*	Helen Bandel
6. *Mother's Maiden Name,*	" Manner
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Lenard J. Bandel
9. *Father's Occupation*	Wood Molder
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Jas A Hartman M.D.
Address,	1121 N Caroline St.
Remarks,	8980001146

Every birth shall be reported within ten days after occurrence by the physician or practioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 90464

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23. 1898
4. Place of Birth, (Street and Number) 1522 E. Chas. St.
5. Full Name of Mother, Laura C. Rutwadel
6. Mother's Maiden Name, " " Thomas
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Jorge Rutwadel
9. Father's Occupation Cutting Cards
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8 7 8 0 0 0 1 1 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90465a

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male — William Hughes Stokes
2. Race or color, (if not of the white race) White
3. Date of Birth Feb 15 1898
4. Place of Birth, (Street and Number) 813 Linth Eutaw Street
5. Full Name of Mother Anna Forbes Dandridge Stokes
6. Mother's Maiden Name Anna Forbes Dandridge
7. Mother's Birthplace Brooklyn N.Y.
8. Full Name of Father William Royal Stokes
9. Father's Occupation Physician
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Geo W DeBlois Hospital

Address, The Johns Hopkins Hospital

Remarks, Certificate to the Gift of Stokes.

Full name affixed by mother

J.T. Tebb

Oct. 16-1930

8 7 8 0 0 1 1 4 8

Mrs W.R. Royal Stokes mother

the form of a certificate between the hours and
missioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person
after it shall become the duty of the person or parents of such child to report its birth to the Commissioner
of Health, in the manner and within the period above required, and any such person or persons who shall
hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars
for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 10276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 1st 1898

4. Place of Birth, (Street and Number) 215 S Bradford Ave

5. Full Name of Mother, Caroline Mozarky

6. Mother's Maiden Name, Matthias

7. Mother's Birthplace, Germany

8. Full Name of Father, Alexander Morarky

9. Father's Occupation Hawdare

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs H. Khorr Midwife

Address, 1922 East Fayette Street

Remarks, 8980001149

Wm. J. C. Dulany Co,. City Printers and Stationers.

...BIRTH. 90277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1st 1898
4. *Place of Birth, (Street and Number)* 2016 Payson St.
5. *Full Name of Mother,* Susana Catharine Rena Christy
6. *Mother's Maiden Name,* Susana Catharine Rena Kress.
7. *Mother's Birthplace,* Bucto md
8. *Full Name of Father,* James Robert Christy
9. *Father's Occupation* Slaughtsman
10. *Father's Birthplace,* Bucto md

Name of Medical Attendant, or other person who makes this Return Gustav Goldman M D

Address, 2025 Eastern av

Remarks, 8 9 8 0 0 0 1 1 5 0

...tioner in the form of a certificate hereof, duly signed by the practitioner in ... said schedule shall be delivered, duly signed by the practitioner in attendance, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF BIRTH. 90478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 1- 1898

4. *Place of Birth, (Street and Number)* 628 Columbia Ave

5. *Full Name of Mother,* Iva Adelaide Smith

6. *Mother's Maiden Name,* Iva Adelaide Conley

7. *Mother's Birthplace,* Philadelphia

8. *Full Name of Father,* Theodore K Smith

9. *Father's Occupation* Merchant

10. *Father's Birthplace,* Balto -

Name of Medical Attendant, or other person who makes this Return, J. W. Keown M D

Address, 848 W. North ave.

Remarks, 8980001151

Wm. J. C. Dulany Co,. City Printers and Stationers.

RE[illegible] BIRTH.

90479

To the Office of Registrar of Vital S[illegible], Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 March 1898
4. Place of Birth, (Street and Number) 1098 Light St. Baltimore Md.
5. Full Name of Mother, Sara Friedman
6. Mother's Maiden Name, Sara Siegel
7. Mother's Birthplace, Russia
8. Full Name of Father, Abr. Friedman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Toni Silberman.

Address, 36 o/ Albemarle St. Baltimore Md.

Remarks, 8980001152

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] of midwifery, or should no other person be in [illegible] of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* March 1st 1898
4. *Place of Birth, (Street and Number)* Calvert
5. *Full Name of Mother,* Annie Mishton
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Walter Winston
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J B Joyce M.D.

Address, 2526 W. Baltimore St.

Remarks,

1898000 1153

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and should no other person be in attendance or a physician or practitioner of midwifery, or should no other person be in attendance or a physician or practitioner of midwifery, or should no other person be in attendance or a physician or practitioner of midwifery, or

90181

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 1, 1898.
4. Place of Birth, (Street and Number) No. 1804 Hayford ave.
5. Full Name of Mother, Lena Baker.
6. Mother's Maiden Name, Lena Langrath.
7. Mother's Birthplace, Maryland
8. Full Name of Father, Alfred W. Baker.
9. Father's Occupation Bricklayer
10. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clinedinst M.D.

Address, 1741 Hayford ave

Remarks, 8980001154

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 1st 1898
4. *Place of Birth, (Street and Number)* 2104 N. Math ave.
5. *Full Name of Mother,* Elizabeth Blick Grant
6. *Mother's Maiden Name,* Elizabeth Blick Sweeting.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* William Grant.
9. *Father's Occupation* Physician
10. *Father's Birthplace,* Wilmington, Del.

Name of Medical Attendant, or other person who makes this Return, Wm Grant M.D.

Address, 2104 N. Math ave.

Remarks, Wm S. Love M.D. 2nd asst.

1 8 9 8 0 0 0 1 1 5 5

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the ... ascertained the full name of each child ... and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the sheet conferred, its sex, color, the full name and occupation of its parents, the date and place of birth of each; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90483

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1 1898
4. Place of Birth, (Street and Number) 15-28 Division St.
5. Full Name of Mother, Bertha Weyrauch
6. Mother's Maiden Name, Bertha Schuster
7. Mother's Birthplace, Maryland
8. Full Name of Father, Chas. E. Weyrauch
9. Father's Occupation, Salesman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, C Wm Smallwood

Address, 1701 Druid Hill ave

Remarks, 8980001156

said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

9a184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, First March 1 1898
4. Place of Birth, (Street and Number) Baltimore Md. 1309 Patterson Ave
5. Full Name of Mother, Bertha Entsch
6. Mother's Maiden Name, Bertha Schenning
7. Mother's Birthplace, Germany
8. Full Name of Father, William Entsch
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross St

Remarks,

1 8 9 8 0 0 0 1 1 5 7

third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur in a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the ... of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the ... or practicioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter it, ... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to com- ... jected to the fine of ten (10) dollars for each offence to be ... to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* ~~what~~ male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* ~~2~~ March 1, 98
4. *Place of Birth, (Street and Number)* 2432 Druid Hill Ave.
5. *Full Name of Mother,* Carrie M. Wartman
6. *Mother's Maiden Name,* Carrie M. Gainor
7. *Mother's Birthplace,* Bucks, Md.
8. *Full Name of Father,* John L. Wartman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Bucks, Md.

Name of Medical Attendant, or other person who makes this Return Edw. C. Buhrer M.D.

Address, 2420 Penna. Ave.

Remarks,

1898 0001158

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1st 98
4. *Place of Birth, (Street and Number)* 1547 Fenton
5. *Full Name of Mother,* Helen Elliott
6. *Mother's Maiden Name,* Elliott
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John A Elliott
9. *Father's Occupation* Longshoreman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Shockney

Address, 731 Cumberland st

Remarks,

1898 0001159

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the ... shall occur without the attendance of a physician or pr... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to co... jected to the fine of ten (10) dollars for each offence, to be ... of the Commissioner of Health. In case the ... in or practioner of midwifery, or should no other person be in ... after it shall become the duty of the person or parents of such ... ealth, in the manner and within the period above required, and ... il to comply with the provisions of this section shall be sub- ... e, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-25-60

RETURN OF A BIRTH. 90487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Levine Davis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 1, 1898
4. Place of Birth, (Street and Number) 924 Eastern Ave.
5. Full Name of Mother, Ida Davis
6. Mother's Maiden Name, Ida Dukon
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Davis
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Grant L. Lovejoy

Address, 824 E. Eastern Ave.

Remarks,

8980001160

Said Return shall be made every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 12th 1898

4. Place of Birth, (Street and Number) No 316 South High St

5. Full Name of Mother, Mrs Anna Harris

6. Mother's Maiden Name, Miss Mary Weber

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Mr John Harris

9. Father's Occupation Machinist

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Levy Midwife

Address, 1539 Alice ann St

Remarks,

8980001161

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance of a physician or practioner of midwifery, or should no other person be in shall occur without the

RETURN OF A BIRTH. 90490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 2d 1898
4. *Place of Birth, (Street and Number)*	1526 E Pratt Street
5. *Full Name of Mother,*	Amanda Uhlfelder
6. *Mother's Maiden Name,*	Amanda Uhlfelder
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Samuel J. Uhlfelder
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H. Kroon Midwife
Address,	1922 E. Fayette Street
Remarks,	

8980001163

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and such other information as may be required by the Commissioner of Health, upon a certificate in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Practitioner in the form of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 16 1898

4. Place of Birth, (Street and Number) Ramsay St # 1333

5. Full Name of Mother, Mary E Clark

6. Mother's Maiden Name, Mary E Dove

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles E Clark

9. Father's Occupation Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno S Kelly

Address, # 1922 Milton ave

Remarks, 8980001164

third day of each and every month to the Office of Registrar of Vital Statistics, or should no other person be in attendance of a physician or practioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Female

3. *Date of Birth,* Feb 2/28

4. *Place of Birth, (Street and Number)* 137 Chestnut Ave

5. *Full Name of Mother,* Lucy Dora Leatherbee Payne

6. *Mother's Maiden Name,* Virginia

7. *Mother's Birthplace,* Talbot Co Md

8. *Full Name of Father,* Residential Student

9. *Father's Occupation* Balto Co Md

10. *Father's Birthplace,* Wm H. Friedman

Name of Medical Attendant, or other person who makes this Return, #102 Chestnut Ave

Address,

Remarks, 8 7 8 0 0 0 1 1 6 5

said schedule shall be delivered. Any signer by the attendant at the birth of any child
the Commissioner of Health. In case the birth of any child be in
third day of each and every month to the office of the Commissioner of Health, or should no other person be in
shall occur without the attendance of a physician or practitioner of midwifery, or should the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and
child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recoverable as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 2 - 98
4. *Place of Birth, (Street and Number)*	The Johns Hopkins Hospital
5. *Full Name of Mother,*	Johanna Miller
6. *Mother's Maiden Name,*	Johanna Nordine
7. *Mother's Birthplace,*	Sweden
8. *Full Name of Father,*	Otto Miller
9. *Father's Occupation*	Soldier
10. *Father's Birthplace,*	Denmark
Name of Medical Attendant, or other person who makes this Return	Geo. W. Dobbin M.D.
Address,	Johns Hopkins Hospital.
Remarks,	8980001166

Wm. J. C. Dulany Co,. City Printers and Stationers.

Mother Mar 21

RETURN OF A BIRTH. 902/94

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. the.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 2 of March. 1898
4. Place of Birth, (Street and Number) 507 Durham St.
5. Full Name of Mother, Wilke Lucassen.
6. Mother's Maiden Name, = Müller.
7. Mother's Birthplace, Emden. (Germ).
8. Full Name of Father, Lucas Lucassen.
9. Father's Occupation. Sailor.
10. Father's Birthplace, Emden Germ.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Miss. (Behnken).

Address, 2403 Forster Ave.

Remarks, 8 y 8 0 0 0 1 1 6 7

said schedule shall be delivered, duly signed by the [illegible] In case the birth of any child third day of each and every month to the office of the Commissioner of Health. shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 902/96

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 2 - 96
4. *Place of Birth, (Street and Number)*	Penn & Portland E. N. Ave.
5. *Full Name of Mother,*	Katie Mozingo
6. *Mother's Maiden Name,*	Katie Matthews Ellis
7. *Mother's Birthplace,*	Alonzo Mozingo
8. *Full Name of Father,*	Wood worker
9. *Father's Occupation*	Virginia
10. *Father's Birthplace,*	Harry Boyd
Name of Medical Attendant, or other person who makes this Return,	677 Columbus ave
Address,	
Remarks,	8980001168

Wm. J. C. Dulany Co., City Printers and Stationers.

1256.]

RETURN OF A BIRTH. 90196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 2nd 1898
4. Place of Birth, (Street and Number) No: 18 London Ave
5. Full Name of Mother, Mollie Keseling
6. Mother's Maiden Name, Mollie Reichert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Keseling
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave annex

Remarks,

8 9 8 0 0 0 1 1 6 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

The [illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 95497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd March 1898
4. *Place of Birth, (Street and Number)* 1546 Fremont St Balto City Md
5. *Full Name of Mother,* Florence J. Peters
6. *Mother's Maiden Name,* Florence J. Mantler
7. *Mother's Birthplace,* Balto. City Md.
8. *Full Name of Father,* Thomas L. Peters
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto. City. Md.

Name of Medical Attendant, or other person who makes this Return, Margaret V Hinkel

Address, 1465 N. Carey St. Balto. City. Md.

Remarks,

8980001170

third day of each and every month to the office of the Commissioner of Health. In case the child shall die before the return of birth shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 90198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Born March 2. 1898

4. Place of Birth, (Street and Number) No 1880 Byard Street

5. Full Name of Mother, Theo. Fold

6. Mother's Maiden Name, Theresa Fold

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Otto Fold

9. Father's Occupation Watchman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Doctor acquired Mother & Child doing well

Address, Mrs Donaldson Next Door

Remarks, No 47 S 13 Little Williams St Baltimore Md

C 4 8 U 0 0 N 1 7 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 a twin

1. Sex, (state whether male or female) Females
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2 1898
4. Place of Birth, (Street and Number) 127½ Harrison st
5. Full Name of Mother, Massa Schare
6. Mother's Maiden Name, Kramer
7. Mother's Birthplace, Russia
8. Full Name of Father, Hellie Schare
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Finberg

Address, 25 Lloyd st

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 Y 8 U 9 0 1 1 7 2

RETURN OF A BIRTH. 9.0600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) #7 Twins

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2 1898
4. Place of Birth, (Street and Number) 127½ Harrison ave
5. Full Name of Mother, Massa Sober
6. Mother's Maiden Name, Massa Kramer
7. Mother's Birthplace, Russia
8. Full Name of Father, Ellie Sober
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finneberg
c/o Lloyd

Address,

Remarks,

B 9 8 0 0 0 1 1 7 3

third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at the birth, or if a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female ELSIE L.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2nd 1898
4. Place of Birth, (Street and Number) 220 S Patterson Park Ave
5. Full Name of Mother, Susie E. Wills
6. Mother's Maiden Name, " " Harrington
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Jr. Wills
9. Father's Occupation Mariner
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka M.D

Address, 2429 Fait Ave

Remarks,

8 9 8 U 0 0 1 1 7 4

...C. Dulany Co., City Printers and Stationers

...said Schedule such ... the office of the Commissioner of Health. In case the birth of any child ... month to the office of the Commissioner of Health, or should no other person be in ... a physician or practitioner of midwifery, or of the person or parents of such ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such ... practitioner of midwifery, or of the person or parents of such ... attendance upon birth to the Commissioner of Health, in the period above required, and ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall fail to comply with the provisions of this section shall be subject ... to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2nd 1898
4. Place of Birth, (Street and Number) 514 S. Bond St.
5. Full Name of Mother, Jennie Kaminsky
6. Mother's Maiden Name, Hildalsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Jacob Kaminsky
9. Father's Occupation Carpenter
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Isaac Rietti

Address, 838 S. Bond St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8980001175

90606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2th 1898
4. Place of Birth, (Street and Number) 218 Maye St.
5. Full Name of Mother, Anna Cerrera
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Anton Cerrera
9. Father's Occupation Carpenter
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Potts

Address, 205 N Montgomery St.

Remarks,

1898000176

Said Schedule shall be delivered, duly signed, to the Registrar of Vital Statistics, at the Office of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90504

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21 1898.
4. *Place of Birth, (Street and Number)* 113 Ann St.
5. *Full Name of Mother,* Carrie Taylor
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Harry Taylor
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Hyde

Address, 601 Washington Ave

Remarks,

18980001177

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every birth which occurs within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the occurrence thereof, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90505

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* March 7, 1898.

4. *Place of Birth, (Street and Number)* 2216 Jefferson St,

5. *Full Name of Mother,* Maria Rivera

6. *Mother's Maiden Name,* Cespedes

7. *Mother's Birthplace,* Cuba

8. *Full Name of Father,* John Rivera

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Seaman

Name of Medical Attendant, or other person who makes this Return, Mary A. Yates

Address, 205 N Washington St.

Remarks, 8 9 8 0 0 0 1 1 7 8

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, immediately after the period above required, and it shall become and within the duty of the person shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Edward Norman Mass

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wednesday March 2nd 1898
4. Place of Birth, (Street and Number) 609 W. Lanvale St
5. Full Name of Mother, Emma Sellon Mass
6. Mother's Maiden Name, " " Ingers
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Vincent Lee Mass
9. Father's Occupation Paperhanger
10. Father's Birthplace, Marriottsville Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 711 Cross Street

Remarks,

Every birth must be reported within ten days after occurrence to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

B 4 8 0 0 0 1 1 7 9

M 1236.]

RETURN OF A BIRTH. 90607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March 2th 1898
4. *Place of Birth, (Street and Number)* 505 N. Caroline St
5. *Full Name of Mother,* Jeannette Smith
6. *Mother's Maiden Name,* Jeannette Brown
7. *Mother's Birthplace,* Baltimore city Md
8. *Full Name of Father,* William Ed. Smith
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Kent Co

Name of Medical Attendant, or other person who makes this Return, Eardine Patterson

Address, 815 N. Dallas st

Remarks, do well as can be expected

8980001180

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

9608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2nd 1898
4. Place of Birth, (Street and Number) #300 N. Gilmor St
5. Full Name of Mother, Alice Nimmo;
6. Mother's Maiden Name, " Frederick
7. Mother's Birthplace, Baltimore, Maryland
8. Full Name of Father, Thomas B. Nimmo,
9. Father's Occupation Hotel Keeper
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Charles Getz M.D.
312 N. Gary St.

Address.

Remarks.

1 8 7 8 0 0 0 1 1 8 1

Wm. J. C. Dulany Co., City Printers and Stationers

the Commissioner of Health. In case the birth of any child
or practicner of midwifery, or should no other person be in
r it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
attendance upon the mother, immediately thereafter fail to
child to report its birth to the Commissioner of Health, in the
o comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recovrble.
third day of each and every month to the office of the
shall occur without the attendance of a physician
jected to the fine of ten (10) dollars for each offence,

90649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 of march - 1895

4. Place of Birth, (Street and Number) baltimor. no. 1107 gower. La

5. Full Name of Mother, ella. may. pearson

6. Mother's Maiden Name, ella. may gowe

7. Mother's Birthplace, baltimore

8. Full Name of Father, andrew. J. pearsone

9. Father's Occupation Baker

10. Father's Birthplace, dorchester. co. md

Name of Medical Attendant, or other person who makes this Return, Margt - A Landra

Address, & Cross st. 122

Remarks, Mother and baby. do well

8 9 8 0 0 0 1 1 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AMENDED BY COURT ORDER 4-6-66

RETURN OF A BIRTH.

90571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louis Butler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 3, 1898
4. Place of Birth, (Street and Number) 118 Harrison St
5. Full Name of Mother, Sarah Zeboritch
6. Mother's Maiden Name, " Stumachin
7. Mother's Birthplace, Russia
8. Full Name of Father, Sam. Zeboritch
9. Father's Occupation Labor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Cherman

Address, 42 Albemarle St

Remarks,

8980001183

Wm. J. C. Dulany Co,. City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. It shall be the duty of every midwife, or practicioner of midwifery, or physician or practioner of medicine in attendance upon the mother, immediately after the birth of a child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 3rd 1898
4. Place of Birth, (Street and Number) 248 S. Eden St.
5. Full Name of Mother, Rebecca Broadman
6. Mother's Maiden Name, " Friedlander
7. Mother's Birthplace, Europe
8. Full Name of Father, Leiser Broadman
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

8980001184

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1/2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd of May 98
4. Place of Birth, (Street and Number) 323 Jan Tafa St
5. Full Name of Mother, Wenfride Schäfer
6. Mother's Maiden Name, Wenfride Dolan
7. Mother's Birthplace, Germany
8. Full Name of Father, Jakob Schäfer
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friedrike Benker Midwife

Address, 216 W Pratt St

Remarks,

8980001185

third day of each and every month to the office of the Commissioner of Health, the name of any such child born during the month, and if any such birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13th 1917
4. Place of Birth, (Street and Number) 435 Fairmount Ave
5. Full Name of Mother, Sofie Inetta
6. Mother's Maiden Name, Bohiman
7. Mother's Birthplace, Russia
8. Full Name of Father, Frank Inetta
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopka

Address, 105 N Washington St.

Remarks,

8980001186

Said certificate shall be received only signed by the physician or midwife in attendance upon the birth of any child and shall be delivered by the parent or person in charge of such child to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

...practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 3 May 1894
4. *Place of Birth, (Street and Number)* 1122 Hull st
5. *Full Name of Mother,* Hilda Kirsch
6. *Mother's Maiden Name,* Faas
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Klaus Kirsch
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E H Myers

Address, 522 Hull st

Remarks,

8980001187

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH

905/6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (State whether male or female) Female
2. Race or color, (~~W~~ of the white race)
3. Date of Birth, March 3/98
4. Place of Birth, (Street and Number) 1707 W. Fayette St
5. Full Name of Mother, Mrs Eva Evaham Huff
6. Mother's Maiden Name, Miss Eva Evaham
7. Mother's Birthplace, Lincoln Co. N. C.
8. Full Name of Father, Slaughter Wm Huff
9. Father's Occupation, Electrical Engineer
10. Father's Birthplace, Albemarle Co Va

Name of Medical Attendant, or other person who makes this Return C. A. McDowell M.D.

Address, 1521 W. Fayette St

Remarks,

8980001188

Said Attendant shall, within twenty-four hours after the birth, make a return thereof to the office of the Commissioner of Health. In case the Fifth of any Month third day of each and every month to the office of the Commissioner of Health. In case the Fifth of any Month shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

90617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	March 3rd 1898
4. *Place of Birth (Street and Number)*	409 N Calhoun st
5. *Full Name of Mother*	Martha Emanuel
6. *Mother's Maiden Name*	do Isaacs
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Sol H. Emanuel
9. *Father's Occupation*	Notary Public
10. *Father's Birthplace*	England
Name of Medical Attendant, or other Person who makes this return	Sam J Bell M.D
Address	314 N Eutaw St.
Remarks	

8980001189

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

said Schedule shall be filled in [illegible] the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Thursday March 31 1898
4. *Place of Birth, (Street and Number)* 1833 Hanover Street
5. *Full Name of Mother,* Sarah J Thomas
6. *Mother's Maiden Name,* Sarah J Briggs
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* William Thomas
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Allegany County

Name of Medical Attendant, or other person who makes this Return. Catherine Hennessy

Address, No 517 Byrd Street

Remarks,

8 9 8 0 0 0 1 1 9 0

Wm. J. C. Dulany Co., City Printers and Stationers

90519

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) two children

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 3. 1898.
4. Place of Birth, (Street and Number) 1401. Covington ~~and~~ & Clement. ~~2~~ 1st.
5. Full Name of Mother, Mary Ellen Talbott.
6. Mother's Maiden Name, Mary Ellen Lowery
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Richard Henry Talbott
9. Father's Occupation, Motorman
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return. Henry G. Lambert M.D.
122 E. Cross St

Address,

Remarks, Mother & Baby doing well.

8 7 8 U 0 0 1 1 9 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 94620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3 1880
4. Place of Birth, (Street and Number) 18 Gorsuch avenue
5. Full Name of Mother, Louisa Shangler
6. Mother's Maiden Name, Effle
7. Mother's Birthplace, Md.
8. Full Name of Father, Ambrose Shangler
9. Father's Occupation, Fireman B.C. Fire Depart
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, F. Young, Jr. M.D.

Address,

Remarks,

8980001192

Wm. J. C. Dulany Co., City Printers and Stationers

the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Com-
shall occur without the attendance of a physician or practi-
attendance upon the mother, immediately thereafter it sha-
child to report its birth to the Commissioner of Health, in th-
any such person or persons who shall hereafter fail to comp-
jected to the fine of ten (10) dollars for each offence, to be re-

RETURN OF A BIRTH. 90621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	[redacted] White
3. *Date of Birth,*	3/3 98.
4. *Place of Birth, (Street and Number)*	W Fayette cor
5. *Full Name of Mother,*	Maggie O'Brien
6. *Mother's Maiden Name,*	Md.
7. *Mother's Birthplace,*	Geo O'Brien
8. *Full Name of Father,*	Private
9. *Father's Occupation*	Md.
10. *Father's Birthplace,*	W. P. Todd
Name of Medical Attendant, or other person who makes this Return,	Md. Baltimore
Address,	
Remarks,	

8980001193

Wm. J. C. Dulany Co., City Printers and Stationers.

K SAFETY FILM

RETURN OF A BIRTH. 90522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3/98
4. Place of Birth, (Street and Number) 9 N. Bradford Str.
5. Full Name of Mother, Auguste Dunker
6. Mother's Maiden Name, " Rasch
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frederick Dunker
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhaus.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 0 0 0 1 1 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred.) Its Sex, Color, [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a Certificate, to the Registrar of Vital Statistics, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

9002?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 3rd 1898
4. *Place of Birth, (Street and Number)*	222 N Washington Ave
5. *Full Name of Mother,*	Mary Wright
6. *Mother's Maiden Name,*	Mary Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas Edw Wright
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kraus Midwife
Address,	1922 E Fayette Street
Remarks,	

8 9 8 0 0 0 1 1 9 5

Said Certificate shall be returned every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3rd 1898
4. Place of Birth, (Street and Number) 1830 Vaughn St.
5. Full Name of Mother, Tillie Jackson
6. Mother's Maiden Name, Simon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Jackson
9. Father's Occupation Seaman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St.

Remarks,

8980001196

said Schedule shall be delivered, duly filled up, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 3rd 1898.
4. Place of Birth, (Street and Number) 13 Fawn Street 25 S Hanover St
5. Full Name of Mother, Ella Ruth Mills
6. Mother's Maiden Name, Stocket.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry F Mills
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Mary Kinning

Address, 1911 Stocket St

Remarks, Mother and Child are doing well.

1898000197

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly filled out, by the ... to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 3rd 98
4. *Place of Birth, (Street and Number)*	644 Dover St
5. *Full Name of Mother,*	Mary Reiley
6. *Mother's Maiden Name,*	Mary Lonigan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Reiley
9. *Father's Occupation*	Currier
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Hallgonda Slifer
Address,	734 St Peter St
Remarks,	

8980001198

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the physician, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4 1898

4. Place of Birth, (Street and Number) 31 Fulton Ave

5. Full Name of Mother, Mabel Riley

6. Mother's Maiden Name, Peter Hirsch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J. Riley

9. Father's Occupation machinist

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. J. Fillow

Address, 1912 Mulberry Ave

Remarks,

8 9 8 0 0 0 1 1 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 11/4/70

RETURN OF A BIRTH.

90528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: GEORGE WILMER ROTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4/98
4. Place of Birth, (Street and Number) 301 S. Bond St.
5. Full Name of Mother, Nina Roth
6. Mother's Maiden Name, " Strothof
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Roth
9. Father's Occupation Grocer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

1898 0001200

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to which the seal of the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4/98
4. Place of Birth, (Street and Number) 302 S. Wolf St.
5. Full Name of Mother, Louisa Elbrichhausen
6. Mother's Maiden Name, Mueller
7. Mother's Birthplace, Balto.
8. Full Name of Father, August Elbrichhausen
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8980001201

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereof, the first such third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 4 1908
4. Place of Birth, (Street and Number) 26 Jackson st Homestead
5. Full Name of Mother, Kate Sellers
6. Mother's Maiden Name, Delphes
7. Mother's Birthplace, Md
8. Full Name of Father, Lewis C. Sellers
9. Father's Occupation Salesman
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, H. C. Young, Institute M.D.

Address, 237 Gorsuch avenue

Remarks,

8780001202

said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 90831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 10

1. Sex, (~~state whether male or~~ female) female
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, March-4-1898 at 5-min past 4-a m
4. Place of Birth, (Street and Number) 705 Druid Street-
5. Full Name of Mother, Emma Mathews
6. Mother's Maiden Name, — Collins
7. Mother's Birthplace, Baltimore City- Md.
8. Full Name of Father, James H Mathews
9. Father's Occupation Cart Driver
10. Father's Birthplace, Hartford Co. Md

Name of Medical Attendant, or other person who makes this Return, Josephine Amos, Cooper

Address, 502 McDonogh Street-

Remarks, Mother and Girl Doing both as well

Balto City Md

8 4 8 0 0 0 1 2 0 3 d

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 4- 1898
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Celia Wright
6. Mother's Maiden Name, Celia Hall
7. Mother's Birthplace, Maryland
8. Full Name of Father, Isaiah Wright
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M.D

Address, Johns Hopkins Hospital

Remarks,

8 7 8 U 0 0 1 2 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Lena Emma Parr

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, March 4th 1898
4. *Place of Birth*, (Street and Number) 425 Smallwood street.
5. *Full Name of Mother*, Carry Parr
6. *Mother's Maiden Name*, Henn
7. *Mother's Birthplace*, Baltimore Md.
8. *Full Name of Father*, Charles Parr
9. *Father's Occupation* Insurance Agent
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, A. V. Zimmerman M.D

Address, 1805 W. North Ave

Remarks,

1898 0001205

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the practitioner in the room of a certificate between the hrs. and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Name of child: Benjamin Lipschutz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 4th 1898
4. Place of Birth, (Street and Number) 1238 Exeter St.
5. Full Name of Mother, Rosa Lipschutz
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Lipschutz
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 1238 Exeter St.

Remarks,

8980001206

Wm. J. C. Dulany Co., City Printers and Stationers.

6-10-66

CERTIFICATE ~~IF~~ AMENDED OF A BIRTH.

90686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name ~~John H Werner~~ AUGUST DENHARDT WERNER 3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female) male
2. *Race or Color*, (if not of the white race) white
3. *Date of Birth*, Friday Mar 4th '98
4. *Place of Birth*, (Street and Number) 404 N. Broadway
5. *Full Name of Mother*, Mary Elizabeth Werner
6. *Mother's Maiden Name*, " Denhardt
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, John Werner
9. *Father's Occupation* Confectioner
10. *Father's Birthplace*, Germany

Name of Medical Attendant or other person who makes this Return, M. J. Cameron M.D.

Address,

Remarks,

8980001207

said schedule shall be delivered, duly signed by the practitioner in the case of a birth attended by a physician or practitioner, and by the father, mother or nearest relative present at the birth in case of a birth not attended by a physician or practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately after the birth of such child, the mother shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wh
3. Date of Birth, Jan 4 1918
4. Place of Birth, (Street and Number) N 726 James St
5. Full Name of Mother, Leath Robinson
6. Mother's Maiden Name, Leath Cornick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Robinson
9. Father's Occupation Carpenter
10. Father's Birthplace, Dorchester County

Name of Medical Attendant, or other person who makes this Return, Mrs M. Warfan

Address, 1412 Scott

Remarks, Child's name Thomas Robinson

8980001208

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 4/1898
4. *Place of Birth, (Street and Number)*	2221 Eastern Ave
5. *Full Name of Mother,*	Elizabeth Appelt.
6. *Mother's Maiden Name,*	Elizabeth Printed
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John J. Appelt.
9. *Father's Occupation*	Moulder
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#241 S. Chester st.
Remarks,	

8 7 8 0 0 0 1 2 0 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90088

GIVEN NAME ADDED 11-12-53 RS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruth Augusta Lockhart

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 4th 1898
4. Place of Birth, (Street and Number)	N° 1624 Hanover St.
5. Full Name of Mother,	Emma Lockhart.
6. Mother's Maiden Name,	Emma Shabring
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Frances Nelle Lockhart.
9. Father's Occupation	Labor
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooks
Address,	N° 1828 Light St.
Remarks,	Doing Well.

8 9 8 U 0 0 1 2 1 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4 Nov, 1898
4. Place of Birth, (Street and Number) 1220 Gabell Ave
5. Full Name of Mother, Bertha Kreutzberg
6. Mother's Maiden Name, " Roth
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Kreutzberg
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas. H. Wagner

Address, 1220 Gabell Ave.

Remarks,

8 7 8 0 0 0 1 2 1 1

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4 th 1898
4. Place of Birth, (Street and Number) 1944 Ridgewood Ave
5. Full Name of Mother, Christian Lewin
6. Mother's Maiden Name, " " " Burnett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ~~Christian~~ Charles Lewin
9. Father's Occupation House stacker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, C. Faulstich

Address, 2859 Fulton Ave

Remarks,

8980001212

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race),* Colored
3. *Date of Birth,* March 5th 1898
4. *Place of Birth, (Street and Number)* 742 Vine St
5. *Full Name of Mother,* Minnie L Griffin
6. *Mother's Maiden Name,* Minnie L Hunt
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John Thomas Griffin
9. *Father's Occupation* Junk dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Mason M.D.

Address, 2 & 8 W. North Ave

Remarks, Was attended at confinement by a midwife - Labor removed placenta (retained) Fever followed on 3rd Day.

8 7 8 0 0 0 1 2 1 3

child to report its birth to the Commissioners of Health, as required by the Ordinances of the City, or any such person or persons who shall hereafter fail to comply with the provisions of said Ordinances, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4 of March 1898
4. Place of Birth, (Street and Number) Baltimore 40 Cleveland
5. Full Name of Mother, Mary Gross
6. Mother's Maiden Name, Mary Klunt
7. Mother's Birthplace, Maryland
8. Full Name of Father, William Gross
9. Father's Occupation Laborer
10. Father's Birthplace, Hungary Hungary

Name of Medical Attendant, or other person who makes this Return, Mrs Bauer

Address, 711 N. Gross St

Remarks,

B 9 8 0 0 0 9 1 2 1 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Mch. 4th, 1898
4. Place of Birth, (Street and Number) 17 S. Duncan Alley
5. Full Name of Mother, Florence Ross Kennard
6. Mother's Maiden Name, Florence Thompson
7. Mother's Birthplace, Maryland
8. Full Name of Father, David Kennard
9. Father's Occupation Coal Leaver
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8980001215

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] and every such practitioner shall, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro.

3. Date of Birth, Mch. 4th., 1898

4. Place of Birth, (Street and Number) 907 N. Stirling St.

5. Full Name of Mother, Jane Davis

6. Mother's Maiden Name, Jane Gibson

7. Mother's Birthplace, Richmond Co., Va.

8. Full Name of Father, Thos. Davis

9. Father's Occupation Sailor

10. Father's Birthplace, Baltimore Co., Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8780001216

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 96025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mch. 4th, 1898
4. Place of Birth, (Street and Number) 237 N. Montford Ave.
5. Full Name of Mother, Louisa M Hughes
6. Mother's Maiden Name, Louisa M. Hoffman
7. Mother's Birthplace, Bethlehem, Penn.
8. Full Name of Father, Wm R Hughes
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hospl.

Remarks, Baltimore Md.

8780001217

Said screening shall be delivered, duly signed by the [illegible] Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90646

GIVEN NAME ADDED. 7/28/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Frederick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of May 98
4. Place of Birth, (Street and Number) 304 Price St
5. Full Name of Mother, Anne Kisling
6. Mother's Maiden Name, Anne Weckesser
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Kisling
9. Father's Occupation Laber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 216 W Pratt St

Remarks,

8980001218

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 March 1898
4. *Place of Birth, (Street and Number)* 402 Mechanic St.
5. *Full Name of Mother,* Anna M K Hostad
6. *Mother's Maiden Name,* Anna ... Schill
7. *Mother's Birthplace,* Cincinnati Ohio
8. *Full Name of Father,* John E Hostad
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Minnick

Address, 700 Leadenhall Street.

Remarks,

8980001219

Sec. 4. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause to be printed a sufficient number of blank forms of Returns of Births, and to furnish the same to the Registrars of Vital Statistics, who shall deliver the same to the physicians, midwives, or other persons entitled to make such Returns; and the Registrars shall call at the office of the Commissioner of Health, at least once in every month to receive the Returns of Births which shall have been made to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 1st 1897
4. *Place of Birth, (Street and Number)* 670 Sarah Ann St.
5. *Full Name of Mother,* Ida V Easton
6. *Mother's Maiden Name,* Ida V Nagy
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* Joseph W Easton
9. *Father's Occupation,* Mechanical Engineer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Thomas Barque M.D.

Address, 430 Aisquith St.

Remarks,

8980001220

Wm. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 90528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 4 93
4. Place of Birth, (Street and Number) Duncan St 1618
5. Full Name of Mother, Gertie Hoffman
6. Mother's Maiden Name, Sieman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward Hoffman
9. Father's Occupation Workman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Johann Jauske

Address, Garrett Ave 1369

Remarks,

8980001221

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall be delivered duly signed by the Practitioner in charge of the case to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 5th 1898
4. *Place of Birth, (Street and Number)*	~~842~~ 842 Vine st.
5. *Full Name of Mother,*	Minnie Griffin
6. *Mother's Maiden Name,*	" " Hunt
7. *Mother's Birthplace,*	~~Danville~~ Va.
8. *Full Name of Father,*	John H. Griffin
9. *Father's Occupation,*	fish and Crab Dealer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Kate A. Geiglein
Address,	805 Vine st.
Remarks,	

1898 0001222

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DILANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-2-51

RETURN OF A BIRTH. 90657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Vogel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5/98
4. Place of Birth, (Street and Number) 403 N. Bradford Str.
5. Full Name of Mother, Barbara Vogel
6. Mother's Maiden Name, " Detzer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Vogel
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8980001223

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 90552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Nov. 25 '99
4. *Place of Birth (Street and Number),* 727 N. Ninth Ave.
5. *Full Name of Mother,* Alice B. Jackson
6. *Mother's Maiden Name,* Alice Beauchamp
7. *Mother's Birthplace,* U. S.
8. *Full Name of Father,* James M. Jackson
9. *Father's Occupation,* Agent Brewing Co.
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. William H. Stamm

Address, 1023 McCulloh St.

Remarks,

B 9 8 0 0 0 1 2 2 4

shall be delivered, duly signed by the practitioner in attendance upon the case, or by the mother, if there be no other person in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

90653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 5--'98
4. *Place of Birth, (Street and Number)*	The Johns Hopkins Hospital
5. *Full Name of Mother,*	Jennie Shoemaker
6. *Mother's Maiden Name,*	Jennie Chesman
7. *Mother's Birthplace,*	California
8. *Full Name of Father,*	William R. Shoemaker
9. *Father's Occupation*	Naval Officer
10. *Father's Birthplace,*	New York State
Name of Medical Attendant, or other person who makes this Return,	Geo W Dobbin
Address,	Johns Hopkins Hospital.
Remarks,	

8980001225

been conferred, its sex, color, the date and place of its birth, and the name, residence and occupation of its parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5th 1898
4. Place of Birth, (Street and Number) N. 762 McHenry St
5. Full Name of Mother, Phillis C. Keenan
6. Mother's Maiden Name, " " Hain Eaton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Keenan
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm M Harman

Address, 412 Scott St

Remarks, Child's name Johanna Keenan

8 9 8 0 0 0 1 2 2 6

Said schedule shall be delivered each night to the [illegible] Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-31-56

RETURN OF A BIRTH. 90655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Carl Neuschaefer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 5 1899
4. Place of Birth, (Street and Number) 330 S. Caroline St
5. Full Name of Mother, Amalia Neuschaefer
6. Mother's Maiden Name, Beck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Neuschaefer
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St

Remarks,

8780001227

Said certificate shall be delivered duly signed by the physician or person in attendance at the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 5th 1898

4. Place of Birth, (Street and Number) No 109. E. West. St

5. Full Name of Mother, Cathrien Wise

6. Mother's Maiden Name, Cathrien Schnell.

7. Mother's Birthplace, St Louis. Mo.

8. Full Name of Father, Jacob. Wise

9. Father's Occupation Labor

10. Father's Birthplace, Pitts Burg. P. A.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza. Brooks.

Address, No 1828. Light St.

Remarks, Doing Well.

8 9 8 0 0 0 1 2 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5th 1898
4. Place of Birth, (Street and Number) No 68 E. Heath St.
5. Full Name of Mother, Hattie Elizabeth Burdett
6. Mother's Maiden Name, Hattie Elizabeth Schneller
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Edward Burdett
9. Father's Occupation Labor
10. Father's Birthplace, Cumberland Md.

Name of Medical Attendant, or other person who makes this Return, Mr. Eliza Brooks.

Address, No 1828 Eiko St.

Remarks, Doing Well.

8 9 8 0 0 0 1 2 2 9

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 5th 1898.
4. *Place of Birth, (Street and Number)*	No 36 E. Barney St.
5. *Full Name of Mother,*	Alwena Strickler
6. *Mother's Maiden Name,*	Alwena Schonaing.
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William Strickler
9. *Father's Occupation*	Brakeman B. O.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooks
Address,	No 1898 Light St
Remarks,	Doing Well

1898 U 001230

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6th 1898
4. Place of Birth, (Street and Number) 1818 Bank St.
5. Full Name of Mother, Mary Hurlburt
6. Mother's Maiden Name, Max
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Hurlburt
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Quett

Address, S. Bond St. 838

Remarks,

8980001231

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90560

GIVEN NAME ADDED 11-18-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Katharine Moyer

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Mch. 5/98
4. *Place of Birth, (Street and Number)*	1119 E Balto. St
5. *Full Name of Mother,*	Margaret M Moyer
6. *Mother's Maiden Name,*	" " Cox
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Frank G. Moyer
9. *Father's Occupation,*	Physician
10. *Father's Birthplace,*	Penna
Name of Medical Attendant, or other Person who makes this Return.	Frank G. Moyer M.D.
Address,	1119 E Balto St
Remarks,	

8 7 8 0 0 0 1 2 3 2

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 90661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 5th 1898

4. Place of Birth, (Street and Number) 408 W. 23

5. Full Name of Mother, Leora Augusta Hazlett

6. Mother's Maiden Name, Leora Augusta Hazlett

7. Mother's Birthplace, Maryland.

8. Full Name of Father, Edward Dallas Hazlett

9. Father's Occupation Gardmaster -

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J W Keown M D

Address, 844 W North ave

Remarks,

8980001233

Attention is hereby called to the Commissioners' Rule No. 4, Section 2, which requires the attendant upon any birth to report it to the Commissioners of this section. Any person who shall fail to comply with the provisions of this section or who shall hereafter fail to report its birth to the Commissioners who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor and upon conviction of any such person or persons

RETURN OF A BIRTH. 90652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Mall
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, March 5 th 1878
4. Place of Birth, (Street and Number) 27 Water st Bald Md
5. Full Name of Mother, Bessey Hawkins
6. Mother's Maiden Name, Bessy Nelson
7. Mother's Birthplace, Connecticutt
8. Full Name of Father, Joseph Hawkins
9. Father's Occupation, Barber
10. Father's Birthplace, Bald Md

Name of Medical Attendant, or other person who makes this Return, Gray Burns

Address, 655 Oxford st

Remarks, 1 8980001234

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-13-56

RETURN OF A BIRTH.

90668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 5- 1898.
4. Place of Birth, (Street and Number)	126 Eden St
5. Full Name of Mother,	Clara Lubchansky
6. Mother's Maiden Name,	" Falik
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Jacob Lubchansky
9. Father's Occupation	Doctor
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs E. Scherman
Address,	42 Aisquith St.
Remarks,	

8 9 8 0 0 0 1 2 3 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 3rd 98.

4. Place of Birth, (Street and Number) 1611 Penna Ave.

5. Full Name of Mother, Effie A. McDaniel

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Balto

8. Full Name of Father, Chas. H. McDaniel

9. Father's Occupation, Painter

10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, C. F. Christian M.D.

Address, 511 Hartford Ave.

Remarks,

8 9 8 0 0 0 1 2 3 6

Said certificate shall be certified under oath by the person making the same, and shall be delivered by the person making the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate (to be furnished for the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 5th March 1898
4. Place of Birth, (Street and Number) 823 Lexington st
5. Full Name of Mother, Mary Schwaner
6. Mother's Maiden Name, Hendricks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Kate Schwaner
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 65 OE Fort ave

Remarks,

8 9 8 0 0 0 1 2 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7th 1898
4. *Place of Birth, (Street and Number)* 201 N Madeira St
5. *Full Name of Mother,* Baby Rubin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* John Rubin
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kyle

Address, 205 N Washington St.

Remarks,

8980001238

Wm. J. C. Dulany Co., City Printers and Stationers.

Mother, Father, Guardian or Person having charge of any child born in the City of Baltimore shall, within ten days after the birth of such child, report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth, and the name, if any, which has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 90667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mch 6th. 1898

4. Place of Birth, (Street and Number) No. 15 Greens Court.

5. Full Name of Mother, Martha Warner

6. Mother's Maiden Name, Martha Townsend.

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, George Warner.

9. Father's Occupation Saloon Keeper.

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Maggie A. Welkinson

Address, No. 14 W. Cross St.

Remarks,

8980001239

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form in which it is printed, within the first three days after the birth, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6/98
4. Place of Birth, (Street and Number) 518 N. Chester St.
5. Full Name of Mother, Josephina Schaefer
6. Mother's Maiden Name, " Worms
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Schäfer
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St, Baltimore, Md.

B 7 8 0 0 0 1 2 4 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6/98
4. Place of Birth, (Street and Number) 1922 E. Balto. Sts.
5. Full Name of Mother, Sophie Beck
6. Mother's Maiden Name, " Hoffman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Beck
9. Father's Occupation Collector
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

been conferred, its sex, color, the name and occupation of its parents, the time and place of birth, and the number of the child of the mother, if born alive, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8980081241

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner, to the body of a certificate received, the fifth and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6th 98.
4. Place of Birth, (Street and Number) 1147 Cleveland St.
5. Full Name of Mother, Mary E. A. Weyland,
6. Mother's Maiden Name, " " Reinhardt.
7. Mother's Birthplace, Baltimore -
8. Full Name of Father, Chas. E. Weyland -
9. Father's Occupation Laborer -
10. Father's Birthplace, Baltimore -

Name of Medical Attendant, or other person who makes this Return C. L. Nuckols, M.D.

Address, 643 S. Paca St.

Remarks,

1898 0001242

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

RETURN OF A BIRTH. 90671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 6th 1894

4. *Place of Birth, (Street and Number)* 21 Park St

5. *Full Name of Mother,* Margaretha Lockel

6. *Mother's Maiden Name,* Margaretha Schleyer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jacob A. Lockel

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. O'Harper

Address, 924 Hollins St

Remarks,

8 7 8 0 0 0 1 2 4 3

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Colored
4. *Place of Birth, (Street and Number)* 6 March 1898
5. *Full Name of Mother,* Hen Grant
6. *Mother's Maiden Name,* Caroline Grant
7. *Mother's Birthplace,* Caroline Grant
8. *Full Name of Father,* Unknown
9. *Father's Occupation* Laborer at
10. *Father's Birthplace,* Employed in B. Home Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Johnson

Address, 1126 Caroline Court

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

8980001244

said schedule shall be delivered, duly signed by the practitioner [illegible] and
commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissio
titioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practitioner
shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the ma
the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply w
comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovere
recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ida Bertha Schneider

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	~~Male~~ Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 6/98
4. Place of Birth, (Street and Number)	1433 Patterson av
5. Full Name of Mother,	Ida (James) Snyder Schneider
6. Mother's Maiden Name,	Ida (James) Purcell
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Chas. (Snyder) Schneider
9. Father's Occupation,	Secretary (Private)
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo. W. Norris M.D
Address,	1501 Presstman st
Remarks,	

8980001245

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 6th 1898.
4. *Place of Birth, (Street and Number)*	2110 Barclay St.
5. *Full Name of Mother,*	Maggie V Smith
6. *Mother's Maiden Name,*	Maggie Hammond
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Godfrey A Smith
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie M.D.
Address,	219 W. Monument St.
Remarks,	

been conferred) its sex, color, the full name and occupation of the parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* March 6. 1891
4. *Place of Birth, (Street and Number)* 41 alt Dallas st
5. *Full Name of Mother,* Martha Bailey
6. *Mother's Maiden Name,* Martha Reany
7. *Mother's Birthplace,* King George County Va
8. *Full Name of Father,* James Bailey
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Nath Humble county Va

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 815 North Dallas st

Remarks, doing well as can be expected

8 7 8 0 0 0 1 2 4 7

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife in attendance upon the mother, immediately thereafter, if such physician or midwife shall have been in attendance upon the mother, and within the period above required, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4th 1898
4. *Place of Birth, (Street and Number)* 1008 David Hill Ave City
5. *Full Name of Mother,* Susie L. Currie
6. *Mother's Maiden Name,* Susie L. McAuliffe
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* George K. Currie
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 No Inspiration St

Remarks,

8780001248

Wm. J. C. Dulany Co., City Printers and Stationers.

...practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practioner of midwifery, or should no other person be in ...fer it, shall become the duty, of the person or parents of such ...aith, in the manner and within the period above required, and ...l to comply with the provisions of this section shall be sub... ...e, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th 6.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, March 6 1898
4. Place of Birth, (Street and Number) 1228 Caulon st.
5. Full Name of Mother, Hanna Borkofske
6. Mother's Maiden Name, Miss Hanna Sikolauski
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Borkofske.
9. Father's Occupation Labor.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs P. Louismann

Address, 1107 Lakeside.

Remarks,

8780001249

Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 98678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, 2/6 98

4. Place of Birth, (Street and Number) 618 Carlton St.

5. Full Name of Mother, Emma Brown

6. Mother's Maiden Name, —

7. Mother's Birthplace, Md.

8. Full Name of Father, Edward Brown

9. Father's Occupation Lab.

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, 1614 Bond Ave

Remarks,

1 8 9 8 0 0 0 1 2 5 0

been entered, its sex, color, the full name and place of residence of the parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 96679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	3/6 98
4. *Place of Birth, (Street and Number)*	Md. Gen Hosp.
5. *Full Name of Mother,*	Ada Majors
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Walter Davis.
9. *Father's Occupation*	Waiter.
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return,	M L Todd
Address,	Md. Gen. Hosp.
Remarks,	

8980001251

Wm. J. C. Dulany Co,. City Printers and Stationers.

Said Certificate to be signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 6th 1898
4. *Place of Birth, (Street and Number)* Harrison st 1230
5. *Full Name of Mother,* Mary D Grass
6. *Mother's Maiden Name,* Mary D Gisbert
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Elijah Grass
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs D Sellers

Address, 1919 Harrison st

Remarks,

8980001252

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 March 1898
4. Place of Birth, (Street and Number) 532 S Broad St
5. Full Name of Mother, Zofe Kielinska
6. Mother's Maiden Name, L. Machnik
7. Mother's Birthplace, Austrylie
8. Full Name of Father, John Kielinski
9. Father's Occupation Laborer
10. Father's Birthplace, Austrylie

Name of Medical Attendant, or other person who makes this Return, Mary Beyer

Address, 731 S Ann St

Remarks, Baltimore Md.

6980001253

Wm. J. C. Dulany Co,. City Printers and Stationers.

been committed to its care, shall be signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6.]

tion of its parents, the date and place of birth, and the
been conferred) its sex, color, the full name and occupation of i
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commis
shall occur without the attendance of a physician or practioner
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the m
any such person or persons who shall hereafter fail to comply w
jected to the fine of ten (10) dollars for each offence, to be recover

RETURN OF A BIRTH.

90582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 6 1900
4. *Place of Birth, (Street and Number)* 635 Clay st
5. *Full Name of Mother,* Bessie Roberts
6. *Mother's Maiden Name,* Bessie Ricks
7. *Mother's Birthplace,* King Wm Co Va
8. *Full Name of Father,* John Roberts
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Carolina N

Name of Medical Attendant, or other person who makes this Return, Wm Charles Williams

Address, ~~710 Eastern Ave~~ 621 Hull st

Remarks, 1 21 Ward Baltimore City

8980001254

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the actioner or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, March 98
4. Place of Birth, (Street and Number) 1631 N Carolina
5. Full Name of Mother, Mary Ann Caudill
6. Mother's Maiden Name, Boyle
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Jas P Caudill
9. Father's Occupation Salesman
10. Father's Birthplace, Ireland Portsmouth Md

Name of Medical Attendant, or other person who makes this Return,

Address, 1502 N Bond

Remarks,

8980001255

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 90581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6th 11.40 P.M. 1898
4. *Place of Birth, (Street and Number)* 1322 Columbia Ave.
5. *Full Name of Mother,* Maggie Rauech Schulein
6. *Mother's Maiden Name,* Germant
7. *Mother's Birthplace,* George Rautsch
8. *Full Name of Father,* Baker
9. *Father's Occupation* Germany
10. *Father's Birthplace,* A. W. Wahrenholz M.D.

Name of Medical Attendant, or other person who makes this Return,

Address, 723 W. Lombard St

Remarks,

8 9 8 0 0 0 1 2 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 8-29-57

RETURN OF A BIRTH.

90588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Marie Martin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 13th March 1898
4. Place of Birth, (Street and Number) 1319 E. Eager st
5. Full Name of Mother, Jennie Francis Martin
6. Mother's Maiden Name, Harsvell
7. Mother's Birthplace, Ohio
8. Full Name of Father, Oscar Martin, Oswald E.
9. Father's Occupation =
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N Cent Av.

Remarks,

8780001257

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 6th 1898
4. *Place of Birth, (Street and Number)*	2821 Fulton ave.
5. *Full Name of Mother,*	Norma Carr
6. *Mother's Maiden Name,*	" Gardner
7. *Mother's Birthplace,*	Baltimore Co. Md
8. *Full Name of Father,*	Walter Carr
9. *Father's Occupation*	~~Millwright~~
10. *Father's Birthplace,*	~~Balto Co. Md.~~
Name of Medical Attendant, or other person who makes this Return,	E. G. Shower M D.
Address,	1224 W. North ave.
Remarks,	

8 9 8 0 0 0 1 2 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

ced by the practitioner in the form of a certificate between the first and
e office of the Commissioner of Health. In case the birth of any child
physician or practioner of midwifery, or should no other person be in
y hereafter it shall become the duty of the person or parents of such
er of Health, in the manner and within the period above required, and
after fail to comply with the provisions of this section shall be sub-
a offence, to be recovered as other fines and forfeitures are recoverable.
said schedule shall be delivered, duly signed by th
third day of each and every month to the office
shall occur without the attendance of a physician
attendance upon the mother, immediately thereaf
child to report its birth to the Commissioner of He
any such person or persons who shall hereafter fai
jected to the fine of ten (10) dollars for each offence

RETURN OF A BIRTH.

90587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 6th 1898
4. *Place of Birth, (Street and Number)*	509 S Dugham Ave
5. *Full Name of Mother,*	Emma Bergasson
6. *Mother's Maiden Name,*	Thelin
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Andrew Bergasson
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Sweden
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kroon Midwife
Address,	1922 E Fayette Street
Remarks,	

8980001259

Wm. J. C. Dulany Co,. City Printers and Stationers.

...ten Commissioner of its sex, color, the ... shall be signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	March 6/98
4. *Place of Birth, (Street and Number)*	2123 Clifton St.
5. *Full Name of Mother,*	Mrs Wm ~~Brown~~ Bandel
6. *Mother's Maiden Name,*	Mary E. Tallon
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Wm Bandel
9. *Father's Occupation*	Motorman
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address,	2531 Pa Ave.
Remarks,	

8 9 8 0 0 0 1 2 6 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6th, 1898
4. Place of Birth, (Street and Number) 534 S. Eutaw St. Baltimore
5. Full Name of Mother, Mary A. Murphy
6. Mother's Maiden Name, Mary A. McCann
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Thomas L Murphy
9. Father's Occupation Stenographer
10. Father's Birthplace, Georgetown, D.C.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 W. Cross St.

Remarks,

B 78 U 00 1261

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6 - 1898
4. Place of Birth, (Street and Number) 921 E. Sharp St.
5. Full Name of Mother, Therese Gruebl
6. Mother's Maiden Name, Rapp
7. Mother's Birthplace, Neustad, Russian
8. Full Name of Father, George Gruebl
9. Father's Occupation Shoemaker
10. Father's Birthplace, Passau, Bayern

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 N. Loraine St.

Remarks,

8980001262

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6 1898
4. Place of Birth, (Street and Number) 808 S. Bond St.
5. Full Name of Mother, Agnes Sandlesky
6. Mother's Maiden Name, Bytarsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Andrew Sandlesky
9. Father's Occupation Waterman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Beth

Address, 838 S. Bond St

Remarks,

8 9 8 U 0 0 1 2 6 3

been conferred) its sex, color, the full name and residence of the parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Practitioner in the form of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 6th 1898
4. Place of Birth, (Street and Number) 613 Granville Court
5. Full Name of Mother, Maggie Brown
6. Mother's Maiden Name, Maggie Adams
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Lewis Brown
9. Father's Occupation Waiter
10. Father's Birthplace, Charles Co

Name of Medical Attendant, or other person who makes this Return Louisa Lane

Address, #622 Druid Hill Ave

Remarks, Baltimore Md

8980001264

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 90693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th March 1898
4. *Place of Birth, (Street and Number)* No 1111 Hull St P. P.
5. *Full Name of Mother,* Katie Boye
6. *Mother's Maiden Name,* " Lipple
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Boye
9. *Father's Occupation* Foreman
10. *Father's Birthplace,* Boston

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaffer
Nurse E. Fordice L. P.

Address,

Remarks,

8 9 8 0 0 0 1 2 6 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

the full name of each child, if any shall have
the same can be ascertained the full
as far as the same can be ascertained the full
its parents, the date and place of birth; and the
occupation of its parents, the date and place of birth; and the
practitioner in the
Commissioner of
case the birth of any child
no other person be in
or parents of such
physician or practitioner, it shall become the
the period above required, and
manner and within the period above required, and
Health, in the manner
this section shall be sub-
comply with the
hereafter fail to comply with the
who shall
for each offence, to be recovered as other
dollars for each offence, to be recovered as other
fines and forfeitures are recoverable.

960-94

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6 1894
4. *Place of Birth, (Street and Number)* 124 Duncan alley
5. *Full Name of Mother,* Annie Rajch
6. *Mother's Maiden Name,* B
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Martin Rajch
9. *Father's Occupation* Tayler
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, 05 N Washington St

Remarks,

8980001266

Wm. J. C. Dulany Co., City Printers and Stationers.

months and shall state the sex, color, full name and occupation of its parents, the date and place of birth; and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth: and the been conferred; duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9th March 1895

4. Place of Birth, (Street and Number) 108 Hartford Ave

5. Full Name of Mother, Mary Weibel

6. Mother's Maiden Name, Mary Hagner

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, Peter Weibel

9. Father's Occupation Cembrella maker

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Reich Medorella

Address, 1117 E Eager St

Remarks,

8980001267

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7/98
4. Place of Birth, (Street and Number) 9 S. Broadway
5. Full Name of Mother, Annie Mehrhoff
6. Mother's Maiden Name, " Dachn
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Mehrhoff
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bienhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8980001268

Wm. J. C. Dulany Co., City Printers and Stationers.

...name and occupation of its parents, the date and place of birth, and the ...been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

16.]

RETURN OF A BIRTH. 90597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Wh.
3. *Date of Birth,*	Mch. 7/48
4. *Place of Birth, (Street and Number)*	624 Pitcher St.
5. *Full Name of Mother,*	Mrs. Jas. F. Brown Jr.
6. *Mother's Maiden Name,*	Mary Bartholomew
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Jas. F. Brown Jr.
9. *Father's Occupation*	Shipping Clerk
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address,	2531 Pa Ave.
Remarks,	

8980001269

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7 1850
4. Place of Birth, (Street and Number) 20 Harrison Street Homestead
5. Full Name of Mother, Ida Delay
6. Mother's Maiden Name, Steele
7. Mother's Birthplace, Md
8. Full Name of Father, William F. Delay
9. Father's Occupation Iron worker
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return, Dr Emma Westbrook M.D.

Address, 137 Gorsuch Avenue

Remarks,

8 9 8 0 0 0 1 2 7 0

Wm. J. C. Dulany Co., City Printers and Stationers

Sec. 6. Color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236

RETURN OF A BIRTH. 90599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 1. 1898 ~~P.M.~~.
4. Place of Birth, (Street and Number) 6 Union Ave.
5. Full Name of Mother, Mary Lee Kelly
6. Mother's Maiden Name, Lee
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Kelly
9. Father's Occupation Stonecutter
10. Father's Birthplace, N Old England.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kenna for the

Address, Mothers Relief Society 1412 Eutaw Place

Remarks,

8980001271

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 7th 1898
4. *Place of Birth, (Street and Number)*	136 N Washington St
5. *Full Name of Mother,*	Valerie Winkler
6. *Mother's Maiden Name,*	Tuchalsky
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Eugene Winkler
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Horn Midwife
Address,	1922 E Fayette St
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8480001272

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

9067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7 1898.
4. Place of Birth, (Street and Number) 4th & Valley st (Waverly)
5. Full Name of Mother, Estelle Burrier
6. Mother's Maiden Name, Estelle Evans
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Clarence Burrier
9. Father's Occupation Harness Maker
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Asst. A. Caswell M.D.

Address, 134 Harford ave

Remarks,

8 9 8 0 0 0 1 2 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

90602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 7th 98.
4. Place of Birth, (Street and Number) 816 N. Calvert St.
5. Full Name of Mother, Kate A. Riggle
6. Mother's Maiden Name, Dietrich
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edgar C. Riggle
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. F. Christian M.D.

Address, 611 Madison Ave.

Remarks,

8780001274

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9th 1898
4. Place of Birth, (Street and Number) 243 E Chestnut St
5. Full Name of Mother, Maggie Smith
6. Mother's Maiden Name, Maggie Jones
7. Mother's Birthplace, Maryland
8. Full Name of Father, James H Smith
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, E E Jones

Address, 1110 W Lanvale

Remarks,

8980001275

born conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9060X

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27th 1898
4. Place of Birth, (Street and Number) 450 W. Fayette St.
5. Full Name of Mother, Louise Radke
6. Mother's Maiden Name, Louise Fuchs
7. Mother's Birthplace, Baltimore Co. Near Govans
8. Full Name of Father, William Frederick Radke
9. Father's Occupation Iron Worker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 St. Louis St.

Remarks,

84800001276

Wm. J. C. Dulany Co., City Printers and Stationers.

Monthly, after the end of each month, the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 90605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 7/98
4. *Place of Birth, (Street and Number)*	1175 Ridgley st
5. *Full Name of Mother,*	Annie B. Shipley
6. *Mother's Maiden Name,*	Annie B. Deems
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John H. Shipley
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary E. Bentley
Address,	No 1141 Ridgley st
Remarks,	Child living

8 7 8 0 0 0 1 2 7 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth [illegible] as the same can be ascertained of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 7th 1898.
4. *Place of Birth, (Street and Number)*	№ 1404. Hanover St.
5. *Full Name of Mother,*	Mary Ann Lentz
6. *Mother's Maiden Name,*	Mary Ann Cullen
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	George Lentz
9. *Father's Occupation*	Labor.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooks.
Address,	№ 1828 Light St.
Remarks,	Doing Well.

8980001278

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it enacted by the General Assembly of Maryland, That the parent or parents of every child born in this State, or in default of the parent or parents, the householder in whose house the child is born, or the nurse in attendance upon the mother, shall, within the period hereinafter required, report to the Commissioner of Health, in the manner hereinafter provided, the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 7 1898
4. Place of Birth, (Street and Number) Columbia ave
5. Full Name of Mother, Mary Elizabeth Staunton
6. Mother's Maiden Name, " " Collins
7. Mother's Birthplace, Balto
8. Full Name of Father, George Staunton
9. Father's Occupation Gen utility
10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Susana Waters

Address, 928 Pt Pleas st

Remarks,

8980001279

month, and shall set forth as far as the same can be ascertained, the full name of each child born alive, and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10 dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 90608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) White
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

8980001280

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

9609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7th 1898
4. Place of Birth, (Street and Number) Benard Street 2714
5. Full Name of Mother, Adelaide Hawkins
6. Mother's Maiden Name, Adelaide Cousins
7. Mother's Birthplace, Langford England
8. Full Name of Father, Alfred Charles Hawkins
9. Father's Occupation In the Employ of the Railway
10. Father's Birthplace, Langford England

Name of Medical Attendant, or other person who makes this Return, Martha Griffen

Address, 2425 York Road

Remarks, No other Medical Attendant

8980001281

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 92610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7th 1898
4. Place of Birth, (Street and Number) 1330 Cleveland St.
5. Full Name of Mother, Emma Körnke
6. Mother's Maiden Name, " Kaschke
7. Mother's Birthplace, Germany
8. Full Name of Father, Theodore Körnke
9. Father's Occupation Paver
10. Father's Birthplace, Germany -

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, attended by a neighbor (woman) return made by the father Theodore Körnke

B 9 8 0 0 0 1 2 8 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

90611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 7th 1898
4. Place of Birth, (Street and Number) 633 Burgundy alley
5. Full Name of Mother, Cora Syes
6. Mother's Maiden Name, Cora Mitchell
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, Charles Syes
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Jones

Address, 824 Plum Row

Remarks, X

8980001283

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. ... shall set forth as far as the same can be ascertained the full name of each child, if any name ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any name ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 90612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Fem.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 7th 1898
4. *Place of Birth, (Street and Number)*	# 804 Park St.
5. *Full Name of Mother,*	Ellen Mc. Cormick
6. *Mother's Maiden Name,*	Ellen Stanton
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thomas Mc. Cormick
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mary A. Portner
Address,	# 2418 E Chester st
Remarks,	

8 9 8 0 0 0 1 2 8 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the names of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 1st 98
4. *Place of Birth, (Street and Number)* 118 Druid Hill Ave
5. *Full Name of Mother,* Emma Stepney
6. *Mother's Maiden Name,* Emma Winsor
7. *Mother's Birthplace,* York Co Virginia
8. *Full Name of Father,* Thomas A Stepney
9. *Father's Occupation* Steward
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Louisa Lane

Address, 1627 Jerak Ave

Remarks, Baltimore Md

1898 0001285

Wm. J. C. Dulany Co., City Printers and Stationers

Mrs

RETURN OF A BIRTH. 90616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 (10th) March 1898
4. Place of Birth, (Street and Number) 414 E Fort ave
5. Full Name of Mother, Helen (Nellie) Fitzgerald
6. Mother's Maiden Name, Helen O'Brien (Obrien)
7. Mother's Birthplace, Balto
8. Full Name of Father, Harry Fitzgerald
9. Father's Occupation machinist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 600 E Fort ave

Remarks, Full name of child - Lillian Fitzgerald

8 9 8 0 0 0 1 2 8 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[386.]

RETURN OF A BIRTH. 90617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 8 - 1898
4. Place of Birth, (Street and Number) 206 Bethel St.
5. Full Name of Mother, Ida Armstrong
6. Mother's Maiden Name, Lewis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Armstrong
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8980001287

Wm. J. C. Dulany Co., City Printers and Stationers.

90618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 10th 1898

4. Place of Birth, (Street and Number) 45 Jackson Street Homestead Dist

5. Full Name of Mother, Mary Louisa Bailey

6. Mother's Maiden Name, Mary Louisa Mayfield

7. Mother's Birthplace, Maryland

8. Full Name of Father, Charles S. Bailey

9. Father's Occupation, Motorman Balt City Pass R.R.

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, James E. Whitaford M.D.

Address, 819 Aisquith street

Remarks,

8 9 8 0 0 0 1 2 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...tion of its parents, the date and place of birth; and the ...nation of its parents, of a certificate the birth of any child ...titioner in the form of Health. In case the other person be in ...ctioner of midwifery, or should no other parents of such ...Commissioner of Health, in the ...practioner of midwifery, or should no other person be required, and ...shall become the duty of the person above required, and ...manner and with the provisions of this section shall be sub- ...comply with the provisions and forfeitures are recoverable. ...be recovered as other fines and forfeitures are recoverable.

...month, and shall set forth as to the same ... and occupation ... been conferred) its sex, color, the full name and occupation ... been delivered, duly signed ... office of the ... said schedule shall be delivered ... every month to the ... or practitioner ... third day of each and every month to the ... physician or practitioner ... without the attendance of a ... thereafter it shall ... shall occur upon the mother, immediately ... of Health, in the ... attendance upon the mother, Commissioner ... fail to comply ... its birth to the ... who shall hereafter ... child to report ... person or persons ... for each offence, to be ... any such person ... dollars for each offence, to be re- ... jected to the fine often (10) dollars.

RETURN OF A BIRTH. 90619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female).*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 8th 1898
4. *Place of Birth, (Street and Number)*	414 N. Fremont Ave
5. *Full Name of Mother,*	Minerva Nolan
6. *Mother's Maiden Name,*	Henderson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Nolan
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Balto,
Name of Medical Attendant, or other person who makes this Return,	John Sept MD
Address,	701 N Carrollton Ave
Remarks,	

8980001289

Wm. J. C. Dulany Co., City Printers and Stationers.

96620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 March 1896
4. Place of Birth, (Street and Number) 20 Fait Ave.
5. Full Name of Mother, Maggie E Caud
6. Mother's Maiden Name, Maggie Williams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Josephes E Caud
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E Swayne

Address, 894 Canton St

Remarks,

8 9 8 0 0 0 1 2 9 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state ~~whether male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8th 98 at 1.30 P.M.
4. Place of Birth, (Street and Number) 542 Guilford Ave
5. Full Name of Mother, Annie Martin
6. Mother's Maiden Name, Annie Brice
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Charles Martin
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, R. M. Dorsey M.D.

Address, 727-3d Ave Hampden

Remarks, 898000 3291

been committed to its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 90622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 8 March 1898
4. *Place of Birth, (Street and Number)* 1449 Richmond St.
5. *Full Name of Mother,* Augusta Lewis
6. *Mother's Maiden Name,* " Rosza
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Lewis
9. *Father's Occupation* Soldier
10. *Father's Birthplace,* Trenton New Jersey

Name of Medical Attendant, or other person who makes this Return, Asst. Mason

Address, 1211 Fulton Ave. Second Floor

Remarks,

8 9 8 0 0 0 1 2 9 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male ~~Female~~
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 March 1898
4. Place of Birth, (Street and Number) 1016 Granbert st Balti Md
5. Full Name of Mother, Poly Grinfelot
6. Mother's Maiden Name, Poly Cintz
7. Mother's Birthplace, Rossia
8. Full Name of Father, Shal Grinfelot
9. Father's Occupation, Tailor
10. Father's Birthplace, Rossia

Name of Medical Attendant, or other person who makes this Return, Doctor Tony Silberman

Address, 36 Albemarle St

Remarks, Baltimore Md

1898000 1293

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	8 March 1898
4. *Place of Birth, (Street and Number)*	239 S. Exeter St. Balt
5. *Full Name of Mother,*	Lena Hochstadt
6. *Mother's Maiden Name,*	Lena Fitzmaun
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Julius Hochstadt
9. *Father's Occupation,*	Peddler.
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Dr. Silberman
Address,	36 Albemarle St
Remarks,	Baltimore Md.

8 9 8 0 0 0 1 2 9 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. Female

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 March 1898 Balti

4. Place of Birth, (Street and Number) 1529 Pamonlavone Road

5. Full Name of Mother, Berta Birtmint

6. Mother's Maiden Name, Berta Tapper Ba

7. Mother's Birthplace, Roosia

8. Full Name of Father, Julius Birtmint

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Tony Gilbermon

Address, 36 & 36 Emmorlo al

Remarks, Baltimore Md

8980001295

Wm J C Dulany Co., City Printers and Stationers.

90626

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8. 1898
4. Place of Birth, (Street and Number) 306 Eden St
5. Full Name of Mother, Anna Berman
6. Mother's Maiden Name, " Ofchenitor
7. Mother's Birthplace, Russia
8. Full Name of Father, Bernard Berman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 1/3 Albemarle St.

Remarks,

8980001296

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

9662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 8th 1898.
4. *Place of Birth, (Street and Number)*	No. 1419 Myrtle Avenue
5. *Full Name of Mother,*	Bessie Ritchie
6. *Mother's Maiden Name,*	Laughlin
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Michael W Ritchie
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return	Louis W. Knight M.D.
Address,	320 N. Greene St.
Remarks,	

8 9 8 U 0 0 1 2 9 7

during the month, and shall set forth, as far as the same can be ascertained, the full name and occupation of its parents, the day and place of the birth, and the said third day of each and every month to be delivered, duly signed by the Board of Health, midwifery, or any name shall have been conferred, its sex, color, to the Board of Health, midwifery, or any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

PLET & CO., 171 PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

90628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8th 1898
4. Place of Birth, (Street and Number) 710 Courtney Street
5. Full Name of Mother, Mary McLellan Ayers
6. Mother's Maiden Name, Mary McLellan Gates
7. Mother's Birthplace, Saint Mary's county
8. Full Name of Father, James Alfred Ayers
9. Father's Occupation Laborer
10. Father's Birthplace, North Thumberland county Virginia

Name of Medical Attendant, or other person who makes this Return Elizabeth Johnson

Address, 1036 N. Front Street

Remarks, Child's eyes are reddened

8980001298

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch. 8th. 1898
4. *Place of Birth, (Street and Number)* 1506 N. Gay St.
5. *Full Name of Mother,* Mary Streitz
6. *Mother's Maiden Name,* Mary Schuster
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adolph Streitz
9. *Father's Occupation* Gardener
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore, Md.

8 9 8 0 0 0 1 2 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Upon the birth of every child, the full name and occupation of its parents, the date and place of birth, and the name (if any conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the number of children born to the mother, including the present birth, shall be entered in a certificate in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mch. 8th, 1898
4. Place of Birth, (Street and Number) 512 Rogers Ave
5. Full Name of Mother, Kate Lorber
6. Mother's Maiden Name, Kate Wagner
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Adam Lorber
9. Father's Occupation Miner
10. Father's Birthplace, Iowa

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore, Md.

8980001300

Wm. J. C. Dulany Co,. City Printers and Stationers.

[illegible] name and occupation of its parents, the date and place of birth; and the [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 5 93
4. Place of Birth, (Street and Number) Fort Ave nue
5. Full Name of Mother, Augusta (Weir) Meyer
6. Mother's Maiden Name, Lange
7. Mother's Birthplace, Bremen Germany
8. Full Name of Father, Adolf (Weir) Meyer
9. Father's Occupation Molder
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Johanna Jansen

Address, East Ave 1362

Remarks, Full name of child: Frederick William Meyer

1898 0001301

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born Mar. 8 th 1898
4. Place of Birth, (Street and Number) 609 Chapel St. Baltimore Md.
5. Full Name of Mother, Rose Tailor
6. Mother's Maiden Name, Rose Hudgins
7. Mother's Birthplace, Mathias County Va.
8. Full Name of Father, Rob. Tailor
9. Father's Occupation, Brick yard Laborer
10. Father's Birthplace, Langsta County Va.

Name of Medical Attendant, or other person who makes this Return, Georgeanna Brooks

Address 1731 E. Monument St. Baltimore Md.

Remarks, Dr. Wm. Shane please come and look at the babys eyes.

8980001302

Wm. J. C. Dulany Co., City Printers and Stationers

1230.]

RETURN OF A BIRTH. 90623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th March 1898
4. *Place of Birth, (Street and Number)* No 1163 Andrew St E. B.
5. *Full Name of Mother,* Rose Riley
6. *Mother's Maiden Name,* " Gallier
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Riley
9. *Father's Occupation* Store keeper
10. *Father's Birthplace,* New Jersey

Name of Medical Attendant, or other person who makes this Return, St. Lizzie Asylum

Address, No 1101 E. Fort Ave. E. B.

Remarks,

8 7 8 0 0 0 1 3 0 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	March 8-98
4. *Place of Birth, (Street and Number)*	The Johns Hopkins Hospital
5. *Full Name of Mother,*	Maggie Brown
6. *Mother's Maiden Name,*	Maggie Stuffney
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	George Brown
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Geo. W. Dobbin
Address,	Johns Hopkins Hospital
Remarks,	

8 9 8 0 0 0 1 3 0 4

month, and shall set forth as far as the same can be ascertained, the full name, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child born, the name of the parent upon whom the name of such child has been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, 3/8/98

4. Place of Birth, (Street and Number) ~~Lutcher~~ 1825 Stockton

5. Full Name of Mother, Annie Mason

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father, Curtis Mason

9. Father's Occupation Lab.

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md. Gen. Hosp.

Remarks,

8980001305

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 96636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Twin
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 9th 1898.
4. *Place of Birth, (Street and Number)*	N° 122 E. Barney St.
5. *Full Name of Mother,*	Josephine Fonty
6. *Mother's Maiden Name,*	Josephine Conaway
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	William Fonty
9. *Father's Occupation*	Brakesman B. O.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooks
Address,	N° 1828 Light St
Remarks,	Doing Well

8980001306

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a statement of the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Twins
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 9th 1898.
4. Place of Birth, (Street and Number)	No 122. E Barney St.
5. Full Name of Mother,	Josephine Fantz
6. Mother's Maiden Name,	Josephine Conaway.
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	William Fantz
9. Father's Occupation	Brakeman B. O
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	No 1828 Light St
Remarks,	Doing Well

8480001307

Wm. J. C. Dulany Co., City Printers and Stationers.

Attention is called to the fact that the law requires that the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 2nd 1898
4. *Place of Birth, (Street and Number)*	No 1909 Hanover St.
5. *Full Name of Mother,*	Jennie Ramsner.
6. *Mother's Maiden Name,*	Jennie Jackson.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Lewis Ramsner.
9. *Father's Occupation*	Labor.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks.
Address,	No 1828 Light St.
Remarks,	Doing Well.

8 7 8 U 0 0 1 3 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall be filled out as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid. Any failure to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2) child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 9th 1898.
4. *Place of Birth, (Street and Number)* 306 Parkin St.
5. *Full Name of Mother,* Nellie D. Pfeifer.
6. *Mother's Maiden Name,* Nellie D. Hetrick.
7. *Mother's Birthplace,* Balto. City. Md.
8. *Full Name of Father,* August Pfeifer.
9. *Father's Occupation* Iron Worker.
10. *Father's Birthplace,* Balto. City Md.

Name of Medical Attendant, or other person who makes this Return, R. A. Warner M.D.

Address, 1602 Hollins St. Balto. Md.

Remarks, 1st. Stage Labor 12 hrs.
2nd Stage 3 hrs. = Normal.

8 9 8 0 0 0 1 3 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule must be filled out as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 9th 1898
4. *Place of Birth, (Street and Number)*	No. 780 N. Henry St
5. *Full Name of Mother,*	Maggie Davis
6. *Mother's Maiden Name,*	" Webster
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Davis
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Rourke
Address,	1419 Scott
Remarks,	

8980001310

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

9064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child said schedule shall be delivered at the office of the Commissioner of Health. In case the birth of any child third day of each and every month to a physician or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 9th 1898
4. Place of Birth, (Street and Number) 1015 E. Lombard St.
5. Full Name of Mother, Louise Cassiday
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Cassiday
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter St.

Remarks,

8980001311

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH.

96642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mch. 9th. 98.
4. *Place of Birth, (Street and Number)*	432 S. Central Ave
5. *Full Name of Mother,*	Lucy C. Derringie
6. *Mother's Maiden Name,*	Lucy C. Gregg
7. *Mother's Birthplace,*	Annapolis Md
8. *Full Name of Father,*	Eugene S. Derringie
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	R. S. Kirk MD
Address,	1317 Valley St
Remarks,	

8 9 8 0 0 0 1 3 1 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9 1898
4. Place of Birth, (Street and Number) S. Duncan st. 213
5. Full Name of Mother, Mary Gall
6. Mother's Maiden Name, Fitt Fitt
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Stephen Gall
9. Father's Occupation Tailor
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mary Pitt

Address, 858 S. Broad St.

Remarks,

8 9 8 0 0 0 1 3 1 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Mar 9/98
4. *Place of Birth, (Street and Number)* 9 S. Arlington Ave
5. *Full Name of Mother,* Mary L. Leonard
6. *Mother's Maiden Name,* Mary L. Damuth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Leonard
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, E. Buchanan M.D.

Address, 711 N. Arlington Ave

Remarks,

8980001314

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the Births within the District, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Dewey Burch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) — — —
3. Date of Birth, March 9th 1898
4. Place of Birth, (Street and Number) No. 624 Washington St.
5. Full Name of Mother, Anna Burch
6. Mother's Maiden Name, Anna Willett
7. Mother's Birthplace, Gloucester Co. Va.
8. Full Name of Father, W. H. Burch
9. Father's Occupation Tailor
10. Father's Birthplace, Queen Anns Co. Md

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross

Address, No. 1907 E. Monument St.

Remarks, SEX NAME ADDED 5-24-54 hm

8980001315

said schedule shall be delivered, duly signed by the [illegible] of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9th 1898
4. Place of Birth, (Street and Number) 2645 Bernard St.
5. Full Name of Mother, Alice Hall
6. Mother's Maiden Name, Alice Hall
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Fred Bookman
9. Father's Occupation, Laborer
10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return. T. B. Marden M. D.

Address, 2910 Huntingdon Ave

Remarks, Normal L. O. A. Case. Both doing well

8 0 0 0 1 3 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-7-56

RETURN OF A BIRTH. 90647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Theresa Roll

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9, 1898
4. Place of Birth, (Street and Number) 1241 Linwood Ave.
5. Full Name of Mother, Maggie Roll
6. Mother's Maiden Name, Maggie S. Engle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Roll
9. Father's Occupation Piano Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eug. A. Blackwell M.D.

Address, 1241 Hanford ave.

Remarks,

8980001317

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a full and correct statement of the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

9648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2 1858
4. Place of Birth, (Street and Number) 20 Jackson st Homestead.
5. Full Name of Mother, Louisa Shirley
6. Mother's Maiden Name, Bizat
7. Mother's Birthplace, Md
8. Full Name of Father, Charles S Shirley
9. Father's Occupation Carpenter
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Hyam Nathans M.D.

Address, 217 Gaterich avenue

Remarks,

8980001318

Wm. J. C. Dulany Co., City Printers and Stationers

The name of each child, if any shall have been conferred, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 9th 1898
4. *Place of Birth, (Street and Number)*	501 Riverside Ave
5. *Full Name of Mother,*	Hattie Elizabeth Francis
6. *Mother's Maiden Name,*	Hattie Elizabeth Travel
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Marion Albert Francis
9. *Father's Occupation*	Machinist Helper
10. *Father's Birthplace,*	White Baseb Balt Co Md
Name of Medical Attendant, or other person who makes this Return,	Susan A Dolan
Address,	501 E. Clement Ste
Remarks,	

8980001319

Wm. J. C. Dulany Co., City Printers and Stationers.

m 1236]

Arrived Mar 29

90660

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6 the.

1. *Sex,* (*state whether male or female*) male.
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 2 of March. 1898.
4. *Place of Birth,* (*Street and Number*) 823 Chesapeake. Ave.
5. *Full Name of Mother,* Ellen Conner.
6. *Mother's Maiden Name,* Devins.
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* John Conner.
9. *Father's Occupation* Police Officer
10. *Father's Birthplace,* Balto. County.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss. (Behnken)

Address, 2403 Forster Ave.

Remarks,

8 9 8 0 0 0 1 3 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of births, and shall enter the same in the books which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 9 March 1898
4. Place of Birth, (Street and Number) 1409 Mulliken H
5. Full Name of Mother, Kate Curran
6. Mother's Maiden Name, Carmichael
7. Mother's Birthplace, Ireland
8. Full Name of Father, Frank Curran
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullrig

Address, 1302 E Lexington H

Remarks,

0 4 8 U 0 0 1 3 2 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 9 March 1898
4. Place of Birth, (Street and Number) 1226 McElderry St
5. Full Name of Mother, Lillie Rosenberg
6. Mother's Maiden Name, " Rudolph
7. Mother's Birthplace, Poland
8. Full Name of Father, Andrew Rosenberg
9. Father's Occupation, shoe maker
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ullrig

Address, 1302 E Lexington St

Remarks,

BV80001322

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred in each house since the last return, and the full name of each child, (if any shall have been born) and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90653

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 9. '98

4. Place of Birth, (Street and Number) The Johns Hopkins Hospital

5. Full Name of Mother, Annie Lanter

6. Mother's Maiden Name, Annie Rash

7. Mother's Birthplace, Maryland

8. Full Name of Father, John Lanter

9. Father's Occupation Labrer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr W Dobbin

Address, Johns Hopkins Hospital.

Remarks,

8 9 8 0 0 0 1 3 2 3

Health. This Schedule shall contain a list of the names which the full name of each child, (if any shall have been conferred, and its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	3/9 98
4. *Place of Birth, (Street and Number)*	1025 Stockton St.
5. *Full Name of Mother,*	Lizzie Johnson.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Jno. Johnson
9. *Father's Occupation*	Lab.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	M.L. Todd
Address,	M.d. Gen'l Hosp.
Remarks,	

8980001324

Health. This schedule shall contain a list of the births which have occurred in the family of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH, 9065

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* ~~White~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 9th 1898
4. *Place of Birth, (Street and Number)* 1240 Hair St
5. *Full Name of Mother* Agnes Meholack
6. *Mother's Maiden Name* Mecher
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Martin Meholack
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bohemia

Name of Medical Attendant, or other Person who makes this Return. J E Richards MD & Dr. Schuster

Address 1010 Chesapeake St

Remarks Labor continued 4 hours Midwife attended. Child dead when called a case of Hydrocephalus abnormally large & reported to Craniotomy assisted by Dr. Schuster Removed the fetus The woman is now comfortable

8980001325

ths which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIR

906 5b

To the Office of Registrar of Vital Statistics, Board of H

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* March
4. *Place of Birth, (Street and Number)* 1014 N
5. *Full Name of Mother,* Maggie
6. *Mother's Maiden Name,* Maggie
7. *Mother's Birthplace,* St Mary's
8. *Full Name of Father,* Mr William
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* St Mary's C

Name of Medical Attendant, or other person who makes this Return Mrs

Address, 1014 N. Ch

Remarks,

8 9 8 U 0 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH

90656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 2th 1898
4. *Place of Birth, (Street and Number)*	1014 N. Chapel St.
5. *Full Name of Mother,*	Maggie Summers
6. *Mother's Maiden Name,*	Maggie Forrest
7. *Mother's Birthplace,*	St Mary's County Md.
8. *Full Name of Father,*	Mr William Summers
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	St Mary's County Md.
Name of Medical Attendant, or other person who makes this Return	Mrs Maria Forrest
Address,	1014 N. Chapel St.
Remarks,	

8 9 8 0 0 0 1 3 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 9th 1898
4. *Place of Birth, (Street and Number)* 1418 E. Madison St.
5. *Full Name of Mother,* Kate Price
6. *Mother's Maiden Name,* Kate Ramon
7. *Mother's Birthplace,* Kansas
8. *Full Name of Father,* Edw. Price
9. *Father's Occupation* Drug clerk
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hospital

Remarks, Baltimore Md

1898 0001327

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch 9th 98
4. *Place of Birth, (Street and Number)* 2312 E. Fayette St.
5. *Full Name of Mother,* Louisa Buck
6. *Mother's Maiden Name,* Louisa Bunker
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George Buck
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md

1898 0001328

Health. This schedule shall contain a list of the births ... month, and shall set forth as far as the same can be ascertained ... been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF

To the Office of Registrar of Vital Statistic

No of Child of Mother, (state whether 1st, 2d, 3d, &

1. *Sex, (state whether male or female)* fer
2. *Race or Color, (if not of the white race)* C a
3. *Date of Birth,* Februar
4. *Place of Birth, (Street and Number)* 018
5. *Full Name of Mother,* Jennie
6. *Mother's Maiden Name,* Jennie
7. *Mother's Birthplace,* Selford, Eg
8. *Full Name of Father,* H G
9. *Father's Occupation,* Clerk -
10. *Father's Birthplace,* Talbah C

Name of Medical Attendant, or other person who makes this Return.

Address, 1701 Ale

Remarks, 8980 329

Wm J C. Dulany Co., City Printers and Stationers.

...on of its parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ...missioner of Health. In case the birth of any child ...titioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...mply with the provisions of this section shall be sub- ...ecovered as other fines and forfeitures are recoverable.

...shall be delivered, duly signed by the practitioner in ...third day of each and every month to the office of the Commissio... ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall bec... ...child to report its birth to the Commissioner of Health, in the ma... ...any such person or persons who shall hereafter fail to comply w... ...jected to the fine of ten (10) dollars for each offence, to be recovere...

1236.]

A-89955

RETURN OF A

To the Office of Registrar of Vital Statistics, Boa

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ———

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* whit
3. *Date of Birth,* 8 of February 1898
4. *Place of Birth, (Street and Number)* 123 E. 6
5. *Full Name of Mother,* Jany Freiman
6. *Mother's Maiden Name,* —— Moshe
7. *Mother's Birthplace,* Russia Ru
8. *Full Name of Father,* Abe Freiman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, H. F.

Address, 143 E. Front St

Remarks, 8 7 8 0 0 0 1 3 3 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIR A-89956

To the Office of Registrar of Vital Statistics, Board of Healt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Feb 8/1898.

4. *Place of Birth, (Street and Number)* 1103 Whitecoat.

5. *Full Name of Mother,* Silvia Jones.

6. *Mother's Maiden Name,* Hebert.

7. *Mother's Birthplace,* Strays County

8. *Full Name of Father,* Robert Jones.

9. *Father's Occupation* Laboring.

10. *Father's Birthplace,* Strays County

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Saratoga St

Remarks, Balto Md

8 9 8 0 0 0 1 3 3 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollers for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH.

89967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 8th 1897

4. *Place of Birth, (Street and Number)* 720 S. Chapel

5. *Full Name of Mother,* Mary E. Miller

6. *Mother's Maiden Name,* Mary E. Stine

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Miller

9. *Father's Occupation* Laborer.

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E. Dorsey

Address, 2225 Bank St.

Remarks, City

8 9 8 0 0 0 1 3 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 8th 1918
4. Place of Birth, (Street and Number) 237 President st
5. Full Name of Mother, Concetta Pizzo
6. Mother's Maiden Name, De Biase
7. Mother's Birthplace, Italy
8. Full Name of Father, Angelo Pizzo
9. Father's Occupation Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Marie Romano

Address, 302 N. High st

Remarks,

8 7 8 0 0 0 1 3 3 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

89959

89959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th February 1895

4. Place of Birth, (Street and Number) 2115 Hull st

5. Full Name of Mother, Lillie Mae Wells

6. Mother's Maiden Name, Lillie May Massey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Wells

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Margt A Lambert

Address, E. Eagle st 122

Remarks, Mother and baby do in Well

8 7 8 0 0 0 1 3 3 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, to any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 8th 1898
4. *Place of Birth, (Street and Number)* 227 Falls Road, Hampden
5. *Full Name of Mother,* Catherine Rebecca Wilson
6. *Mother's Maiden Name,* Catherine R Miller
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* James Henry Wilson
9. *Father's Occupation* Factory operative
10. *Father's Birthplace,* Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Rolands Ave.

Remarks, Period of Utero-gestation 7½ months. Child died on 10th

1898U001335

Wm. J. C. Dulany Co., City Printers and Stationers

...ts parents, the date and place of birth; and the ...itioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...actioner of midwifery, or should no other person be in ...shall become the duty of the person or parents of such ...the manner and within the period above required, and ...mply with the provisions of this section shall be sub- ...recovered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5 12

1. *Sex, (state whether male ~~or female~~)*

2. *Race or Color, (~~if not of the~~ white race)* W

3. *Date of Birth,* Feby 8th/58

4. *Place of Birth, (Street and Number)* 1310 E Preston

5. *Full Name of Mother,* Addie Porter

6. *Mother's Maiden Name,* Sizemore

7. *Mother's Birthplace,* Keystown Md.

8. *Full Name of Father,* Jas C Porter

9. *Father's Occupation* Machinist

10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return

Address, 1529 Bond St

Remarks, 8 9 8 0 0 0 1 3 3 6

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 89962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 8th, 1898
4. Place of Birth, (Street and Number) 410 E. 20th. St.
5. Full Name of Mother, Elizabeth White
6. Mother's Maiden Name, Elizabeth Hunt
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Francis P. White
9. Father's Occupation Salesman
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Barton, M.D.

Address, S.W. Cor. Calvert & Preston St.

Remarks,

8480001337

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-9-59

RETURN OF A BIRTH

89968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Lavenia 7th Chiveral

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 8th 1898
4. *Place of Birth, (Street and Number)* Hudson St. 2942 Baltimore
5. *Full Name of Mother,* Hattie Virginia Chiveral
6. *Mother's Maiden Name,* " " Jinkins
7. *Mother's Birthplace,* Fredericksburg Va.
8. *Full Name of Father,* James Thomas Chiveral
9. *Father's Occupation,* Insurance Collector
10. *Father's Birthplace,* Fredericksburg Va.

Name of Medical Attendant, or other person who makes this Return. Mrs Louisa Chiveral

Address, 2488 Canton ave.

Remarks, 8980 Local 3/6/8 Chiveral

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

89962

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child 1898
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5 February 1898
4. *Place of Birth, (Street and Number)*	848 S Charles St
5. *Full Name of Mother,*	Maggie Taylor
6. *Mother's Maiden Name,*	Lizzie Hurst
7. *Mother's Birthplace,*	Richmond Virginia
8. *Full Name of Father,*	J L Taylor
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Richmond Virginia
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1525 Light St
Remarks,	King Well

18980001339

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 6-5-50 GIVEN NAME ADDED 6-5-50

RETURN OF A BIRTH. 89960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Virginia Frey

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feby 5th 1895
4. *Place of Birth, (Street and Number)* 2102 N Ninth ave
5. *Full Name of Mother,* Rose Frey
6. *Mother's Maiden Name,* Sauerwein
7. *Mother's Birthplace,* Baden Germany
8. *Full Name of Father,* Roger F. Frey
9. *Father's Occupation* Book Keeper - Bank
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. B. Ramsey Md.

Address, 609 N Charles St

Remarks,

8980001340

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

RETURN OF A BIRTH. 89966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 8th of February 1898

4. Place of Birth, (Street and Number) Carroll 27½ Carroll Avenue

5. Full Name of Mother, Jennie M. Smith

6. Mother's Maiden Name, Jamie M. Hill.

7. Mother's Birthplace, Carroll.

8. Full Name of Father, William H. Smith.

9. Father's Occupation, Laborer

10. Father's Birthplace, Richmond Virginia.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hicks.

Address, Hoffman Lane.

Remarks,

8980001341

Wm. J. C. Dulany Co., City Printers and Stationers.

...by the practitioner in the form of a certificate between the first and ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 9 98
4. Place of Birth, (Street and Number) 821 Bloomingdale Av
5. Full Name of Mother, Addie E McIntire
6. Mother's Maiden Name, Addie E Ball
7. Mother's Birthplace, Woodbury
8. Full Name of Father, John M Cile McIntire
9. Father's Occupation Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Dempsey

Address, 2847 Fawcett St

Remarks, Three at Twins Born 25 Minutes

Apart 8980001342

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 9 98
4. Place of Birth, (Street and Number) 821 N Bloomingdale Av
5. Full Name of Mother, Addie E Matthews
6. Mother's Maiden Name, Addie E Ball
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Melvin Matthews
9. Father's Occupation Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E Perry

Address, 2847 Lemmon St

Remarks,

8 9 8 0 0 0 1 3 4 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

RETURN OF A BIRTH. 89969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	9. February 1898.
4. *Place of Birth, (Street and Number)*	715. Central Ave.
5. *Full Name of Mother,*	Josepa Hrobel.
6. *Mother's Maiden Name,*	Yostyka Beschel.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Joseph Hrobel
9. *Father's Occupation*	Varnisher.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary Klass.
Address,	19. South Wolfe St.
Remarks,	

8 9 8 0 0 0 1 3 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 9 98
4. Place of Birth, (Street and Number) Garrett Loc 1316
5. Full Name of Mother, Minna Franck
6. Mother's Maiden Name, Hahn
7. Mother's Birthplace, Iwelach Baden
8. Full Name of Father, Albert Franck
9. Father's Occupation, Work B. C
10. Father's Birthplace, London England

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske

Address, Garrett Loc 1369

Remarks,

8 9 8 0 0 0 1 3 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

35.]

RETURN OF A BIRTH. 89971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 9 Feb 1897
4. *Place of Birth, (Street and Number)* 139 Rose W st.
5. *Full Name of Mother,* Rose Wolf
6. *Mother's Maiden Name,* Rose Wieland
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Lenard Wolf
9. *Father's Occupation* labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 474 Fort ave

Remarks,

8980001348

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to ... jected to the fine of ten (10) dollars for each offence, ...

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. $9972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 9. 1888.
4. *Place of Birth, (Street and Number)* 518 Parish al.
5. *Full Name of Mother,* Annie Williams age 22
6. *Mother's Maiden Name,* Annie Henson.
7. *Mother's Birthplace,* Anne Arundel Co. Md.
8. *Full Name of Father,* Arthur Williams age 25
9. *Father's Occupation,* Common labor
10. *Father's Birthplace,* Prince George Co, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Carrie Reid.

Address, ~~4~~ 417 Parish al.

Remarks,

8480001347

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 9 98
4. Place of Birth, (Street and Number) 1118 N Duncan St
5. Full Name of Mother, Selda Carl Gartner
6. Mother's Maiden Name, Reisinger
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Carl Gartner
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline E Miller

Address, 1605 Walker St

Remarks,

8 9 8 0 0 0 1 3 4 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

89974

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 9" 98
4. *Place of Birth, (Street and Number)* 2847 Druid Hill Ave
5. *Full Name of Mother,* Mary Worley
6. *Mother's Maiden Name,* Mary Orgill Eubland
7. *Mother's Birthplace,* Wm St Worley
8. *Full Name of Father,* motorman
9. *Father's Occupation* Pittsburg Pa
10. *Father's Birthplace,* Penna Talbott Co Md

Name of Medical Attendant, or other person who makes this Return, Penna Ave

Address, 2505

Remarks, 8980001349

third day of each and every month to the office of the Commissioner of Health. In case the other person be in attendance of a physician or practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such immediately thereafter it shall be required, and upon the mother, Commissioner of Health, in the manner and with the provisions of this section shall be subattendance to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub-child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub-any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 4/27/70

89976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MYRTLE LYMAN ~~JOYCE~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 9th 1878
4. *Place of Birth, (Street and Number)* 916 Ridgely St
5. *Full Name of Mother,* Elva Joyce
6. *Mother's Maiden Name,* Elva Fleharoult
7. *Mother's Birthplace,* Paris
8. *Full Name of Father,* Franklin P. Joyce
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, Mrs [illegible]

Address, [illegible] Cross St

Remarks,

18980001350

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c,) 10 th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb. 9, 1898

4. Place of Birth, (Street and Number) 301 le arrollton Ave.

5. Full Name of Mother, Eliz. Reuter.

6. Mother's Maiden Name, Eliz. Smith.

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, Theo. Reuter

9. Father's Occupation Baker

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return, Wm Bange

Address, 711 Eden St

Remarks,

8980001351

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 9. 1898.
4. Place of Birth, (Street and Number) No 10002 Denver st City
5. Full Name of Mother, mrs mary Kahline
6. Mother's Maiden Name, mary Lizzy Sophia Werner
7. Mother's Birthplace, Hesch Darmstot germany
8. Full Name of Father, Eli Henry Kahline
9. Father's Occupation employed By the Bremiller ice & coal Company
10. Father's Birthplace, york Penselvania Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross St

Remarks,

1898 0001352

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 89978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 9 1898
4. Place of Birth, (Street and Number) 521. Bayle st city
5. Full Name of Mother, Sue Allen
6. Mother's Maiden Name, Sue Water
7. Mother's Birthplace, Arlon
8. Full Name of Father, Isaac Allen
9. Father's Occupation Coal trimer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address. 1107 Nicholson st Md

Remarks. 8980001353

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 9th. 1898
4. *Place of Birth, (Street and Number)* 1426 N. Bond St.
5. *Full Name of Mother,* Mary A. Pontier
6. *Mother's Maiden Name,* Mary A. McGann
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John E. Pontier
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peter, M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8980001354

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 5-25-59

RETURN OF A BIRTH. 89980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Jeanette Margaret Hartman Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th Feb 1898

4. Place of Birth, (Street and Number) 534 Wolfe st

5. Full Name of Mother, Katie L Hartman

6. Mother's Maiden Name, Katie L Blum

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry J. Hartman

9. Father's Occupation Cabinet Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Brown

Address, 1600 N. Chester st

Remarks, 8980001355

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb. 9th 1898
4. *Place of Birth, (Street and Number)* 1002 N. Bond St
5. *Full Name of Mother,* Mary Agnes Hercke
6. *Mother's Maiden Name,* Mary Agnes Becker
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Wm Henry Hercke
9. *Father's Occupation* Antique furniture dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Amanda J. Norris M.D.

Address, 1125 McCulloh St

Remarks,

8480001356

Wm. J. C. Dulany Co., City Printers and Stationers.

Blank. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Feb 9th 1898
4. *Place of Birth, (Street and Number)*	1423 W Lanvale St
5. *Full Name of Mother,*	Mrs Mary B Reindollar
6. *Mother's Maiden Name,*	Bealmear
7. *Mother's Birthplace,*	Carroll Co. Md.
8. *Full Name of Father,*	Harry A Reindollar
9. *Father's Occupation,*	Druggist
10. *Father's Birthplace,*	Carroll Co. Md.
Name of Medical Attendant, or other person who makes this Return,	W. K. Barnes M.D.
Address,	901 N Stricker St
Remarks,	8980001357

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED - 11/24/69

[36]

RETURN OF A BIRTH.

89983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: SOLON BAKER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 9th 1898.

4. Place of Birth, (Street and Number) #1102 N. Fulton Stricker St.

5. Full Name of Mother, Matilda Baker

6. Mother's Maiden Name, Arnold

7. Mother's Birthplace, Maryland.

8. Full Name of Father, Somerville V. Baker.

9. Father's Occupation Motorman

10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, J. Ridgely Hammond M. D.

Address, #502 N. Carey St

Remarks, 8980001358

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 89984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & V.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 9. 1898
4. *Place of Birth, (Street and Number)* 48 Market Space
5. *Full Name of Mother,* Ada Tyler
6. *Mother's Maiden Name,* " Reynolds
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank C. Tyler
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E. Schurman

Address, 42 Albemarle St.

Remarks,

8 9 8 0 0 0 1 3 5 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

8986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulr
3. Date of Birth, Feb 9th 1898
4. Place of Birth, (Street and Number) 1154 Calhoun St
5. Full Name of Mother, Annie M. Lowe
6. Mother's Maiden Name, Annie M. McGinnes
7. Mother's Birthplace, Maryland
8. Full Name of Father, Edgar R. Lowe
9. Father's Occupation, Merchant
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. C Hutan Chatfield

Address, 1701 Druid Hill ave

Remarks,

1898000 1360

I hereby certify that I have attended the birth of the child above described, born on the date above stated, and that the information above given is correct and true to the best of my knowledge and belief.

Signature of Medical Attendant, or other person who makes this Return. C Hutan Chatfield

Date of Return, Feb 14th 1898

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Feb 9th 98
4. Place of Birth, (Street and Number) 1605 Cemetery Lane
5. Full Name of Mother, Mary Lupe
6. Mother's Maiden Name, Oesta
7. Mother's Birthplace, Germany
8. Full Name of Father, Hermann Lippe
9. Father's Occupation Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm L Gross

Address, 1907 E Monument St

Remarks,

8980001361

Wm. J. C. Dulany Co., City Printers and Stationers.

[336.]

RETURN OF A BIRTH. 8998?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 7th of February 1898

4. Place of Birth, (Street and Number) 1834 O Aliland Ave.

5. Full Name of Mother, Sadie Salamanson

6. Mother's Maiden Name, Madden

7. Mother's Birthplace, Balto.

8. Full Name of Father, Joseph Salamanson

9. Father's Occupation Salesman

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs L. Green

Address, # 1907 O Monument St.

Remarks,

8 7 8 0 0 0 1 3 6 2

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

RETURN OF A BIRTH. 89988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, February 9th 1898

4. Place of Birth, (Street and Number) 1232 West Lombard Street

5. Full Name of Mother, Caroline Dailey

6. Mother's Maiden Name, Caroline Humphreys

7. Mother's Birthplace, Jersey City

8. Full Name of Father, John M Dailey

9. Father's Occupation Tinner

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs O'Hagan

Address, 524 Hollins St

Remarks,

8980001363

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

~~[illegible]~~ 89989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* February the 9 98

4. *Place of Birth, (Street and Number)* Baltimore Cancer Hospital

5. *Full Name of Mother,* Lucy A. Perkins

6. *Mother's Maiden Name,* Lucy A. Perkins

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Perkins

9. *Father's Occupation* [illegible]

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 8980001364

Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 10 1898
4. *Place of Birth, (Street and Number)*	625 N. Ruby Lane
5. *Full Name of Mother,*	Mary C. Ellis
6. *Mother's Maiden Name,*	Mary C. Goats
7. *Mother's Birthplace,*	York Co. Penna
8. *Full Name of Father,*	Robert F. Ellis
9. *Father's Occupation*	Motorman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	J. W. Slater, M.D.
Address,	1735 N. Dayette St.
Remarks,	8980001

J. C. Dulany Co., City Printers and Stationers.

12 36.]

RETURN OF A BIRTH. 89991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 Feb 1898
4. Place of Birth, (Street and Number) 1813 S. Charles st
5. Full Name of Mother, Ella C. F. Leatherum
6. Mother's Maiden Name, Ella C. Bowen
7. Mother's Birthplace, America
8. Full Name of Father, James W. Leatherum
9. Father's Occupation labor
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Caroline I Schwarz

Address, 434 East ave

Remarks, 8980001366

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 89992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 10th tenth 1898
4. Place of Birth, (Street and Number) 1110 W. Lexington St Baltimore
5. Full Name of Mother, Elizabeth Owens
6. Mother's Maiden Name, Elizabeth Maisel
7. Mother's Birthplace, Catonsville. Baltimore. county. Md
8. Full Name of Father, William Edward Owens
9. Father's Occupation Plumber & Gas fitter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary A Dudley

Address 1007 West Lexington St

Remarks, 8980001367

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Thursday Feb. 10th 1898
4. *Place of Birth, (Street and Number)* 911 Eutaw Street.
5. *Full Name of Mother,* Carrie Montague
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Montague
9. *Father's Occupation* Laborer
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jane Ivey

Address, 902 Hillman

Remarks,

8980001368

C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Margaret Anna Langgood

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 10th 1898
4. Place of Birth, (Street and Number) 1109 Binney St. Baltimore
5. Full Name of Mother, Ellen Elizabeth Langgood
6. Mother's Maiden Name, Ellen Elizabeth Connelly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Julius Langgood
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, P. Liersemann.

Address, 1101 Chesapeake. street.

Remarks, none

1898 0001369

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 89995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 February 1898
4. *Place of Birth, (Street and Number)* 608 Hill St
5. *Full Name of Mother,* Josy Kowalska
6. *Mother's Maiden Name,* D. Rolof
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Walter Kowalski
9. *Father's Occupation* Tabacco
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Regier

Address, 721 Elm St

Remarks, Baltimore

8980001370

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Baltimore Feb. 10, 1898
4. Place of Birth, (Street and Number)	No. 214 Conway Street Balto.
5. Full Name of Mother,	Maria Rychinsky
6. Mother's Maiden Name,	Maria Bradzinas
7. Mother's Birthplace,	Pensylvania
8. Full Name of Father,	Nickadimas Rychinsky
9. Father's Occupation,	Asst. Market Master
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. Lena Barber
Address,	147 N. Eutaw St. Balto.
Remarks,	8 7 8 0 0 0 1 3 7 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 8997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3 *Date of Birth,*	Baltimore Feb 10 1898
4. *Place of Birth, (Street and Number)*	130 Harrison Street
5. *Full Name of Mother,*	Rosa Cohen
6. *Mother's Maiden Name,*	Rosa
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Sam. Cohen
9. *Father's Occupation,*	Dress Maker
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. Lena Barber
Address,	147 N. Exeter St Balto
Remarks,	8980001372

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 87998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10 of February 1898
4. *Place of Birth, (Street and Number)*	891 Greenmount ave
5. *Full Name of Mother,*	Mary A. Sweeney
6. *Mother's Maiden Name,*	Mary A Cumming
7. *Mother's Birthplace,*	Baltimore County Md
8. *Full Name of Father,*	Luke A. Sweeney
9. *Father's Occupation*	Liquor Dealer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Annie O'Brien
Address,	902 Greenmount Ave
Remarks,	

8980001373

The Health Commissioner shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 89999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 10th 1898
4. *Place of Birth, (Street and Number)* #517 St Mary's St. (Hospital)
5. *Full Name of Mother,* Ellen R Kershner.
6. *Mother's Maiden Name,* Stakesdale
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Shesby S. Kershner.
9. *Father's Occupation* Shoe Cutter
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return R B Warren M.D.

Address, 32 Falls Road

Remarks,

B 7 8 0 0 0 1 3 7 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 89952 RETURN OF A BIRT A·89952

To the Office of Registrar of Vital Statistics, Board of Healt

No. of Child of Mother (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6

1. *Sex*, (*state whether male or female*) ~~Male~~
2. *Race or Color*, (*if not of the white race*) Co
3. *Date of Birth*, Sept 8 [illegible]
4. *Place of Birth*, (*Street and Number*) 21 [illegible] St
5. *Full Name of Moher*, Connie Johnson
6. *Mother's Maiden Name*, Smith
7. *Mother's Birthplace*, Va
8. *Full Name of Faher*, Henry Johnson
9. *Father's Occupatn* L
10. *Father's Birthplce*, Va

Name of Medical Attendant, or other person who makes this Return, Jane

Address,

Remarks,

6 9 8 U 0 0 1 3 7 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRT

A-89953

To the Office of Registrar of Vital Statistics, Board of Healt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) —

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 8th Feb 1898
4. *Place of Birth, (Street and Number)* 603 Mulgrave
5. *Full Name of Mother,* Carrie Buckheit
6. *Mother's Maiden Name,* Bolan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John P Buckheit
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth

Address, 651 E Fort Ave

Remarks, 3980001376

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 23rd 1898
4. *Place of Birth, (Street and Number)* #605 Fourth Ave.
5. *Full Name of Mother,* Ida Dyer.
6. *Mother's Maiden Name,* Sprotles.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Frank H. Dyer.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. R. B. Krementz M.D.

Address, 320 Fells Road.

Remarks,

0 4 8 0 0 0 1 3 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

TH. 89960

ealth, Baltimore City.

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Mary M. Taylor

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1898000378

RETURN OF A BIRTH. 90663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 9 1897
4. *Place of Birth, (Street and Number)* 104 S. Dallas St.
5. *Full Name of Mother,* Louise Meek
6. *Mother's Maiden Name,* Hartung
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. Meek
9. *Father's Occupation* Car Maker
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 427 E. Fayette St.

Remarks,

1898 0001379

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...a. J. C. Dulany ..., City ...pters and ...

RETURN OF A BIRTH.

90664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or ~~female~~)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 9th 1898

4. *Place of Birth, (Street and Number)* 920 E Pratt -

5. *Full Name of Mother,* Jennie Blumberg.

6. *Mother's Maiden Name,* Jennie Zdanitch -

7. *Mother's Birthplace,* Russia.

8. *Full Name of Father,* Simon Blumberg.

9. *Father's Occupation* Slave.

10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Alexander Lieberman M.D

Address, 1121 E. Baltimore St.

Remarks, Spina bifida

1898 0001380

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 93660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 10th 1898
4. Place of Birth, (Street and Number)	810 N. Bond St
5. Full Name of Mother,	Annie Baer
6. Mother's Maiden Name,	" " Walstrom
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	George Baer
9. Father's Occupation	Motorman
10. Father's Birthplace,	Balto. City
Name of Medical Attendant, or other person who makes this Return	Jos. C. Ahlendorf M. D.
Address,	518 N. Bond St
Remarks,	8980001381

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 10 1896
4. Place of Birth, (Street and Number) 2534 Canton Ave.
5. Full Name of Mother, Kate Rosenthal
6. Mother's Maiden Name, Aaken
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William F. Rosenthal
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Weir

Address, 1127 E. Pratt St

Remarks,

8980003382

said scheme shall be determined by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

9067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19th of May 98
4. *Place of Birth, (Street and Number)*	203 E Barre St.
5. *Full Name of Mother,*	Mary Klein
6. *Mother's Maiden Name,*	Mary Kelly
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Louis Klein
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Frederike Heuter midwife
Address,	216 W Pratt St
Remarks,	

8980001383

said schedule shall be delivered, duly signed, at the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10th 1891
4. Place of Birth, (Street and Number) 906 Franklin Terrace York Road (Govans P.O.)
5. Full Name of Mother, Martha Oraella Jones
6. Mother's Maiden Name, Martha Oraella Beale
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Albert Rodgers Jones
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, James Ewell Foreman M.D.

Address, 819 Aisquith Street

Remarks,

8980001384

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the

1853

CERTIFICATE CORRECTED 1-25-07 90669

RETURN OF A ~~BIRTH~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eda Catherine Coulson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 8, ~~1898~~ 1898
4. Place of Birth, (Street and Number)	646 Dora
5. Full Name of Mother,	Philipine Coulson
6. Mother's Maiden Name,	Philipine Hinkelman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James A Coulson Jr
9. Father's Occupation	Stone Cutter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this return,	Heelyonda Slifer
Address,	734 St Peter st
Remarks,	

8980001385

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner and within the period above required, and attendance upon its birth to the Commissioner of Health, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

90670

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 10 1898
4. *Place of Birth, (Street and Number)*	1501 N. Mount St
5. *Full Name of Mother,*	Fanny Hoffman
6. *Mother's Maiden Name,*	" Robinson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Hoffman
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. A. Evans M. D.
Address,	1915 Penna Ave,
Remarks,	

8 7 8 U 0 0 1 3 8 6

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Mar 11 1898
4. *Place of Birth, (Street and Number)* 930 Harford ave.
5. *Full Name of Mother,* Lizzie Cassidy
6. *Mother's Maiden Name,* Lizzie Gallagher.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Cassidy
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J. M. Fenton M.D.

Address, 925 E. Eager St. City.

Remarks, The child was between 6 & 7 months gestation. & lived only a few hours.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10th April 1898
4. Place of Birth, (Street and Number) 1127 Hillen
5. Full Name of Mother, Annie Fleming
6. Mother's Maiden Name, Annie Casey
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Fleming
9. Father's Occupation Porter
10. Father's Birthplace, Emmetsburg

Name of Medical Attendant, or other person who makes this Return, Mrs. Nora Kirk Midwife

Address, 1417 E Eager St

Remarks,

1898U0001388

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate (where the first child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 10th 1898
4. *Place of Birth, (Street and Number)* 1231 Essex St.
5. *Full Name of Mother,* Mary C. Kiesinger
6. *Mother's Maiden Name,* Mary C. Mamberger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. L. Kiesinger
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary H. Taylor

Address, 611 S. Patterson Park Ave.

Remarks,

8 9 8 U 0 0 1 3 8 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

90674

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10 - 1897
4. *Place of Birth, (Street and Number)* Eastland st 3 32
5. *Full Name of Mother,* Annie Lee
6. *Mother's Maiden Name,* Annie Lehnert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Isaac Lee
9. *Father's Occupation* Steam fitter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. Kelly

Address, 1902 Mt. Clare Ave

Remarks,

B 9 8 0 0 0 1 3 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

61

RETURN OF A BIRTH.

90676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 10. 1898.
4. Place of Birth, (Street and Number) 1128 Peach Alley.
5. Full Name of Mother, Mary Elizabeth Feely,
6. Mother's Maiden Name, Bibro,
7. Mother's Birthplace, Baltr. Md.,
8. Full Name of Father, William Feely.
9. Father's Occupation Laborer.
10. Father's Birthplace, Govanstown Baltr. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaunt for the

Address, Mothers Relief Society / 1412 Eutaw Place.

Remarks,

8980001391

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	3/10 '98
4. *Place of Birth, (Street and Number)*	201 Lith Lane
5. *Full Name of Mother,*	Emma Tongue
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Frank Tongue
9. *Father's Occupation*	Lab.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	M. L. Todd
Address,	Md. Gen. Hosp.
Remarks,	

B 9 8 0 0 0 1 3 9 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 8-21-63

RETURN OF A BIRTH.

90677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: GRACE MARY MANNING

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 10th 1895
4. Place of Birth, (Street and Number)	1435 Argyle ave
5. Full Name of Mother,	Annie Manning
6. Mother's Maiden Name,	" Scully
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	James Manning
9. Father's Occupation,	Police Officer
10. Father's Birthplace,	State of New York
Name of Medical Attendant, or other person who makes this Return,	Chas. L. Muddenbolm M.D.
Address,	418. S. Paca st.
Remarks,	

8 9 8 0 0 0 1 3 9 3

The parent or parents of each child born in the City of Baltimore, and the physician, midwife or other person in attendance at the birth, shall report the same to the Commissioner of Health within ten days after the birth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 10th 1898.
4. Place of Birth, (Street and Number) 1114. Potomac st Balto City
5. Full Name of Mother, Frances F. Weiland.
6. Mother's Maiden Name, Frances F. Farell.
7. Mother's Birthplace, Balto City Md.
8. Full Name of Father, Otto Weiland.
9. Father's Occupation Brick making
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs F. Fiersemann.

Address, 1101 Chesapeake st

Remarks,

8 9 8 0 0 0 1 3 9 4

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 March 1895

4. Place of Birth, (Street and Number) 1201 Presstman Street

5. Full Name of Mother, Mary Magdalene

6. Mother's Maiden Name, Mary Mesters

7. Mother's Birthplace, Baltimore City.

8. Full Name of Father, William Henry Magdalene

9. Father's Occupation Barber

10. Father's Birthplace, Carroll Md.

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 201 Leadenhall Street.

Remarks,

8780001395

Wm. J. C. Dulany Co., City Printers and Stationers

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14 1898
4. Place of Birth, (Street and Number) 218 Bankridge St.
5. Full Name of Mother, Josephine Sterndale
6. Mother's Maiden Name, Sharaj
7. Mother's Birthplace, Pole
8. Full Name of Father, Anthony Sterndale
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pitt

Address, 53 S Bond St.

Remarks,

8 7 8 0 0 0 1 3 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four Children

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored race

3. Date of Birth, Born 10th of March 1898

4. Place of Birth, (Street and Number) 848 Tyson st City

5. Full Name of Mother, Mollie Comegys

6. Mother's Maiden Name, Mollie Ringgold

7. Mother's Birthplace, Queen Ann County M. D.

8. Full Name of Father, James Comegys

9. Father's Occupation Laboring Man.

10. Father's Birthplace, Queen Ann County M. D.

Name of Medical Attendant, or other person who makes this Return, Lucy Cornish

Address, 908 Jordan Street

Remarks, Baltimore M. D

8980001397

SEC. 115. If any person whose charge or superintendence a child is born, shall neglect to enter the same on blank schedule, to be furnished him or her care during the Baltimore under whose charge or superintendence such child is born, shall neglect to enter the same on blank schedule, to be furnished him or her care during the register of such birth, and shall enter the full name of each child, of any shall have Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place between the first and said schedule shall be delivered, duly signed by the attending physician or practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth be in shall occur without the attendance of a physician or practitioner, or should no other person of such attendance upon the mother, immediately thereafter, in the office of the Commissioner of Health, or should no other persons of such child to report the birth to the Commissioner of midwifery, of the person or persons required, and any such person who shall become the duty of the person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-9-59

90682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Winifred Marie Taylor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 11th '18

4. *Place of Birth, (Street and Number)* 2133 E Preston St

5. *Full Name of Mother,* Bessie M Taylor

6. *Mother's Maiden Name,* Bessie Tayman

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John M Taylor

9. *Father's Occupation* Electrician

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, C. P. Mackenzie M D

Address, 1041 N Broadway

Remarks,

8 7 8 0 0 0 1 3 9 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

90688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* White female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 11 '98

4. *Place of Birth, (Street and Number)* 1840 N. Chester

5. *Full Name of Mother,* Katie Shaeffert Sapp

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Balto Co.

8. *Full Name of Father,* Michael Sapp

9. *Father's Occupation* Railroader

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm. J. Watson

Address, 1601 Broadway

Remarks, 8980001399

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, date of birth, the full name and occupation of its parents, the ... been delivered, with to the physician or ... shall become and ... said schedule shall and every midwife or ... form of a certificate ... the birth of such ... third day of each ... the attendant ... of Health, in the manner and ... shall occur without ... mother, ... comply with the provisions of this ... attendance upon the ... after fail to ... section shall be recoverable. ... child to report its ... shall hereafter ... offence, to be recovered as other ... any such person or ... for each ... dollars, ... jected to the fine of ten (10) dollars.

RETURN OF A BIRTH. 90684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 March 1868
4. Place of Birth, (Street and Number) 1304 Forest Ave.
5. Full Name of Mother, Emma Bush
6. Mother's Maiden Name, Tiefenberger.
7. Mother's Birthplace, Saxony.
8. Full Name of Father, William Bush
9. Father's Occupation Farmer.
10. Father's Birthplace, Saxony.

Name of Medical Attendant, or other person who makes this Return, Asst. Mayor

Address, 1304 East N. Locust Point

Remarks,

8 9 8 0 0 0 1 4 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...the name and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

missioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
l become the duty of the person or parents of such
manner and within the period above required, and
, with the provisions of this section shall be sub-
overed as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 11 – 1898
4. *Place of Birth, (Street and Number)*	404 E. Lanvale St.
5. *Full Name of Mother,*	Lulu Gertrude Cunningham
6. *Mother's Maiden Name,*	Keefer
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Chas. W. Cunningham
9. *Father's Occupation*	Telegraph Operator
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return,	C. M. Cook
Address,	1852 Argyle ave
Remarks,	

8780001401

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11th 1898
4. *Place of Birth, (Street and Number)* 605 W North Ave
5. *Full Name of Mother,* Ida Carter Lamb
6. *Mother's Maiden Name,* Ida Carter
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* John Lamb
9. *Father's Occupation,* Clerk in P.O. Balt.
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other person who makes this Return, Thos. H. McCormick M.D.

Address, 1421 Eutaw Place

Remarks,

18980001402

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Any person shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 90687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 11th 1898

4. Place of Birth, (Street and Number) No 1332 S. Charles St.

5. Full Name of Mother, Hattie Kane

6. Mother's Maiden Name, Hattie Miles

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William Kane

9. Father's Occupation Engineman B. C.

10. Father's Birthplace, Woodstock. B. Co

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks

Address, No 1828 Light St

Remarks, Dairy Well

8 7 8 0 0 0 1 4 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 March 1895
4. *Place of Birth, (Street and Number)* 416 S. Bond St
5. *Full Name of Mother,* Mary Stevik
6. *Mother's Maiden Name,* M. Marcynska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Felix Stevik
9. *Father's Occupation* Tiler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Becker

Address, 721 S. Ann St

Remarks, Baltimore Md

8 7 8 0 0 1 4 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

96689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11/98
4. Place of Birth, (Street and Number) 618 N. Montford Ave.
5. Full Name of Mother, Mary Ebert
6. Mother's Maiden Name, " / Riebeck
7. Mother's Birthplace, Germany
8. Full Name of Father, August Ebert
9. Father's Occupation Backer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8980001405

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11/98
4. *Place of Birth, (Street and Number)* 1522 W. Bethel Str.
5. *Full Name of Mother,* Maggie Bastigkeit
6. *Mother's Maiden Name,* " East
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas. Bastigkeit
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bissinger

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8980001406

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11/98
4. *Place of Birth, (Street and Number)* 226 S Chappel St.
5. *Full Name of Mother,* Nina Ponte
6. *Mother's Maiden Name,* " Giles
7. *Mother's Birthplace,* Wicomico Co. Md.
8. *Full Name of Father,* Casper Ponte
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Wicomico Co Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 U 0 0 1 4 0 7

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether ~~male or~~ female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11 1858
4. *Place of Birth, (Street and Number)* Eadesian Avenue not numbered
5. *Full Name of Mother,* Sarah Montgomery Andrews
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Elijah B Montgomery
9. *Father's Occupation* Lad Florist
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 234 Lombard Avenue

Remarks,

8980001408

Wm J C Dulany Co., City Printers and Stationers

...certificate before the ... Commissioner of Health. In case the birth of any child ... shall become the duty of the person or parents of such ... in the manner and within the period above required, and ... comply with the provisions of this section shall be sub... recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 11th 1898
4. *Place of Birth, (Street and Number)* Harford Ave Near Lake Montebello
5. *Full Name of Mother,* Augusta Reitmueller
6. *Mother's Maiden Name,* " Cooney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Reitmueller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Edward Torsch M.D.

Address, Gardenville Md

Remarks,

8480001409

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Every midwife, physician or other person who shall have been concerned in the birth of any child, shall, within ten days after the birth, report to the Commissioner of Health the name and occupation of its parents, the date and place of birth, and the sex of such child, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 90694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mch. 1th, 1898
4. Place of Birth, (Street and Number) 1737 Duncan Alley
5. Full Name of Mother, Annie Winters
6. Mother's Maiden Name, Annie Nigl
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Adam N. Winters
9. Father's Occupation Huckster
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8 9 8 0 0 0 1 4 1 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED - 6/29/73

90696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JOSEPH JAMES BLOMLINE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Four th. 1st
4. *Place of Birth, (Street and Number)* 419 So. Dive St.
5. *Full Name of Mother,* Dorsey Lee Blomline
6. *Mother's Maiden Name,* Talbot
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph Blomline
9. *Father's Occupation,* Cook Proprietor Sandwich Room
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, C. H. Schmidtmann M.D.

Address, 101 Madison Ave.

Remarks,

FILED: 1398

8 9 8 0 0 0 1 4 1 1

Baltimore under birth, and shall enter the ... which have occurred since the ... of each child, if any shall have ... register of such birth, and shall contain a list of the births which have occurred since the ... ascertained the full name of each child, the date and place of birth and the ... Health. This schedule shall contain the same can be ascertained the first and ... month, and shall set forth as far as the name and occupation of the parents, of a certificate between the ... been conferred, its ... delivered, duly signed by the practitioner in the form of ... said schedule shall be every month to the physician or practitioner in case the birth of any child ... third occur without the ... immediately thereafter, to the Commissioner of Health, or shall ... shall advance upon the ... to the Commissioner of ... of the person or parents required, and ... attendance to report its birth to the ... who shall become the duty of ... Child to report ... within the period above required, and ... any such person or persons who ... it shall be ... in the manner and ... of this section shall be ... jected to the fine of ten ... dollars for each offence, to ... with the provisions ... be recovered as ... fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th March 1878
4. Place of Birth, (Street and Number) 1808 N. Collington ave
5. Full Name of Mother, Louisa Richter
6. Mother's Maiden Name, Louisa Schuch
7. Mother's Birthplace, Balt. City Md.
8. Full Name of Father, Wm Richter
9. Father's Occupation Driver
10. Father's Birthplace, Balt City Md

Name of Medical Attendant, or other person who makes this Return, Wm Range

Address, 711 N. Gross st.

Remarks,

8980001412

Wm. J. C. Dulany Co., City Printers and Stationers.

Been correctly as to sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 11th 1898
4. Place of Birth, (Street and Number)	818 Woodward st
5. Full Name of Mother,	Mary K. Willeke
6. Mother's Maiden Name,	Mary K. Martin
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	William Willeke
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return,	Chas L. Bufkenbohm M.D.
Address,	718 S. Luca st.
Remarks,	

8980001413

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

90698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 3 [illegible] '98

4. *Place of Birth, (Street and Number)* 1938 Sharp

5. *Full Name of Mother,* Lizzie Ross

6. *Mother's Maiden Name,* Lizzie Long

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Hy Ross

9. *Father's Occupation* Laborer.

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, J. W. Cole.

Address, 1321 E Chase

Remarks,

8 9 8 0 0 0 1 4 1 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

RETURN OF A BIRTH. 90699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 March 1898
4. Place of Birth, (Street and Number) 1011 east fort Ave. City
5. Full Name of Mother, Maggie G. Hyland
6. Mother's Maiden Name, Hill
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Harry Hyland
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1107 Nicholson St City

Remarks,

8980001415

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 11th 1898

4. Place of Birth, (Street and Number) No 418 Pinkney Place

5. Full Name of Mother, Mary E.

6. Mother's Maiden Name, " Gallery

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas Albers

9. Father's Occupation Machinist

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Harrison

Address, 412 Scott St

Remarks,

+ 8 9 8 0 0 0 1 4 1 6

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, or such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, ~~(state whether~~ male ~~or female)~~
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, 11 March 1898
4. Place of Birth, (Street and Number) ~~40~~ 46 E. Greene St.
5. Full Name of Mother, Mrs. Amelia Elgart
6. Mother's Maiden Name, Amelia Seel
7. Mother's Birthplace, Russia
8. Full Name of Father, Jonas Elgart
9. Father's Occupation, Clothing
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. D. T. Leonard M.D.

Address, 125 Jackson Place.

Remarks,

8980001417

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 90702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 11 - 1898

4. Place of Birth, (Street and Number) 936 W. Lexington St.

5. Full Name of Mother, May Parker

6. Mother's Maiden Name, May Harris

7. Mother's Birthplace, Atlantic City, N. J.

8. Full Name of Father, ~~Frank~~ Frank Jacob Parker

9. Father's Occupation, Salesman

10. Father's Birthplace, Phila., Pa.

Name of Medical Attendant, or other person who makes this Return. Chas. W. Harburg, M. D.

Address, 111 W. Saratoga St.

Remarks,

8 9 8 0 0 0 1 4 1 8

This schedule shall contain a list of the births which have occurred since the ... last, and the name of each child, if any shall have been conferred, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child shall occur without the attendance of a physician or

RETURN OF A BIRTH. 90703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 11, 1898.
4. *Place of Birth, (Street and Number)*	20 Marker Place
5. *Full Name of Mother,*	Grace Mary
6. *Mother's Maiden Name,*	" O'Donnell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Mary
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Mrs. E Scherman
Address,	42 Albemarle St.
Remarks,	

8980001419

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11, 1898.
4. Place of Birth, (Street and Number) 810 E. Baltimore St.
5. Full Name of Mother, Rachael Feinstein
6. Mother's Maiden Name, nee Shapiro
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Feinstein
9. Father's Occupation Tailor.
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Schorman

Address, 42 Albemarle St.

Remarks,

1898 0001420

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every midwife shall, on or before the first day of each and every month, report to the office of the Commissioner of Health the name and residence of each child born during the preceding month, and shall, at the same time, report the number of births at which she has been in attendance, and the number of births at which she has been in attendance which have been reported by physicians. Every midwife shall, on application, be furnished by the Commissioner of Health with the proper blank forms for the reports required by this section. Every midwife who shall fail to report as required by this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 12th 1898
4. *Place of Birth, (Street and Number)*	205 Mountford Ave
5. *Full Name of Mother,*	Kunigunde Walberg
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Walberg
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Boon, Midwife
Address,	1922 E Fayette Street
Remarks,	

1898000142

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 March 1898
4. *Place of Birth, (Street and Number)* 1254 E Fayette St
5. *Full Name of Mother,* Katie Fannin
6. *Mother's Maiden Name,* " Krebs
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father* Frederick Fannin
9. *Father's Occupation* Undertaker
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs R Allig

Address, 1302 E Lexington St

Remarks,

8 9 8 0 0 0 1 4 2 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 12 1907

4. *Place of Birth, (Street and Number)* 1937 E. Fairmount Ave

5. *Full Name of Mother,* Rebecca Clemens

6. *Mother's Maiden Name,* Rebecca Snyder

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles E. Clemens

9. *Father's Occupation* Conductor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Nicholson M.D.

Address, 410 S. Sharp St

Remarks,

8 9 8 0 0 0 1 4 2 3

said schedule shall be delivered, duly signed by the Practitioner in the birth of a child, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12th 1898
4. *Place of Birth, (Street and Number)* 319 N Catherine St.
5. *Full Name of Mother,* Mattie R. Day
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jno. R Day
9. *Father's Occupation.* Merchant
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John Nash & Mr Di

Address, 701 N. Carrollton Ave

Remarks,

8980001424

said schedule shall be delivered, duly signed by the practitioner or person in charge, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

90709

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 12 1898
4. *Place of Birth, (Street and Number)*	2424 Ellwood St
5. *Full Name of Mother,*	Lydia A Schmidt
6. *Mother's Maiden Name,*	Lydia A Ress
7. *Mother's Birthplace,*	Baltimore Co
8. *Full Name of Father,*	William H Schmidt
9. *Father's Occupation*	Gripman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	A Melvin
Address,	2316 Orleans Street
Remarks,	

8 9 8 U 0 0 1 4 2 5

Wm. J. C. Dulany Co., City Printers and Stationers

Within five days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90710

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1912 March 1898.
4. *Place of Birth, (Street and Number)*	# 806 Glover st
5. *Full Name of Mother,*	Antonina Banashak
6. *Mother's Maiden Name,*	Antonina Nowakowska
7. *Mother's Birthplace,*	Gremioney
8. *Full Name of Father,*	George Banashak
9. *Father's Occupation*	Grocerie
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Wm P. Liersemann.
Address,	1107 Chesapeake. st
Remarks,	

8 7 8 0 0 0 1 4 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, March 16 1892
4. Place of Birth, (Street and Number) 1913 division st
5. Full Name of Mother, Alice Catherine Bee
6. Mother's Maiden Name, Alice Pick
7. Mother's Birthplace, Northumberland Co Va
8. Full Name of Father, Edward Bee
9. Father's Occupation labor
10. Father's Birthplace, Northumberland Co Va

Name of Medical Attendant, or other person who makes this Return, Dr. A. Det

Address, 1316 Stockton st

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH.

90712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Two
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colord
3. Date of Birth,	March 12th 1898
4. Place of Birth, (Street and Number)	Vine st 837 Baltimore Md
5. Full Name of Mother,	Annie Le Davis
6. Mother's Maiden Name,	Annie Le Ringold
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Samuel H. Davis
9. Father's Occupation	Oyster Shucker and porter in Hotel
10. Father's Birthplace,	Eastern Shore Virginia
Name of Medical Attendant, or other person who makes this Return,	Annie M. Davis
Address,	914 Leadenhall st Balto Md city
Remarks,	

1898000 1428

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...register of such birth, and shall enter the same on blank schedules to be furnished under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12 - 28
4. *Place of Birth, (Street and Number)* The Johns Hopkins Hospital
5. *Full Name of Mother,* Eva Milickas
6. *Mother's Maiden Name,* — —
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Casmus Milickas
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin

Address, Johns Hopkins Hospital

Remarks,

8 9 8 U 0 0 1 4 2 9

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GIVEN NAME ADDED 10-15-54

RETURN OF A BIRTH.

90714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Mal

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar 12, 1898

4. Place of Birth, (Street and Number) 122 Harrison St

5. Full Name of Mother, Dora Kersner

6. Mother's Maiden Name, " Hurlore

7. Mother's Birthplace, Russia

8. Full Name of Father, Alexander Keersner

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42 Albemarle St.

Remarks,

1898 00014 30

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 12th March 98
4. *Place of Birth, (Street and Number)*	#1303 Orson St
5. *Full Name of Mother,*	Julia A Anderson
6. *Mother's Maiden Name,*	Julia A Fisher
7. *Mother's Birthplace,*	Ft Cumberland Comm. la.
8. *Full Name of Father,*	Joshua J. Anderson
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Balto County
Name of Medical Attendant, or other person who makes this Return.	Mrs. Christina Lauer
Address,	1059 Harford Ave
Remarks,	Balto 9/19a

8980001431

Wm. J. C. Dulany Co., City Printers and Stationers.

Commissioner of Health. In case the birth of any child practitioner of midwifery, or should no other person be in it shall become the duty of the person or parents of such h, in the manner and within the period above required, and to comply with the provisions of this section shall be sub- be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Com- shall occur without the attendance of a physician or practi- attendance upon the mother, immediately thereafter it sha child to report its birth to the Commissioner of Health, in th any such person or persons who shall hereafter fail to com jected to the fine of ten (10) dollars for each offence, to be rec

RETURN OF A BIRTH. 90716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 12th 1898
4. *Place of Birth, (Street and Number)* 828 Granby St.
5. *Full Name of Mother,* Lillie Frantz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Frantz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* France

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 1223 S. Exeter St.

Remarks,

8980001432

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Fem.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 12th 1898
4. *Place of Birth, (Street and Number)*	# 325 Duncan st,
5. *Full Name of Mother,*	Mary Odonnel
6. *Mother's Maiden Name,*	Mary Kane
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thomas Odonnel
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mary A. Petnes
Address,	#24 E. Chester st
Remarks,	

8 7 8 U 0 0 1 4 3 3

Each practitioner in attendance upon a birth shall make a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 9078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th of march 98
4. *Place of Birth, (Street and Number)*	No 344 South Bregar st Lotharo Road
5. *Full Name of Mother,*	Boreia
6. *Mother's Maiden Name,*	Sanket germany
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	geoge E Rouse
9. *Father's Occupation,*	Carpenter on northern Central Road
10. *Father's Birthplace,*	Bavary germany
Name of Medical Attendant, or other person who makes this Return,	Dr I Lucas
Address,	No 1313 west Baltimore st
Remarks,	Strong healthy Child

18 98 U 0 0 0 1 4 3 4

Wm J C. Dulany Co., City Printers and Stationers.

36]

RETURN OF A BIRTH.

90719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 12th March 1878.

4. Place of Birth, (Street and Number) No. 1012 Baer St.

5. Full Name of Mother, Marie Erbe

6. Mother's Maiden Name, Flügel

7. Mother's Birthplace, Germany.

8. Full Name of Father, Geo. Erbe

9. Father's Occupation Blacksmith

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Wiskoff

Address, No. 731 N. Peter St.

Remarks,

8 9 8 0 0 0 1 4 3 5

been conferred, its sex, color, the full name and occupation of its parents, the date and place of its birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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90720

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 12. 1898.
4. Place of Birth, (Street and Number) 151 Stockholm Street.
5. Full Name of Mother, Clara Maria Siederer,
6. Mother's Maiden Name Simnoch,
7. Mother's Birthplace, Danzig East Prussian - Germany.
8. Full Name of Father, Friedrich Wilhelm Siederer,
9. Father's Occupation Painter,
10. Father's Birthplace, Danzig, East Prussian - Germany.

Name of Medical Attendant, or other person who makes this Return. Dr. M. Kanne for the Mothers Relief Society

Address, 1412 Eutaw Place.

Remarks,

8980001436

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RETURN OF A BIRTH.

90721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12th, 1898
4. Place of Birth, (Street and Number) 802 N. Central Ave.
5. Full Name of Mother, Elizabeth Schneider
6. Mother's Maiden Name, Elizabeth Stalke
7. Mother's Birthplace, Germany
8. Full Name of Father, Ewald Schneider
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Lindsay Fitz M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8 9 8 U 0 0 1 4 3 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex, (state whether male or female)* ~~Female~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12 90
4. *Place of Birth, (Street and Number)* 779 W. Cross St
5. *Full Name of Mother,* Maggie Maria Smith
6. *Mother's Maiden Name,* Maggie Maria Lantley
7. *Mother's Birthplace,* Churchville W Va
8. *Full Name of Father,* Henry Charles Smith
9. *Father's Occupation* Plasterer Helper
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, William Davis

Address, 802 W. Baltimore St.

Remarks,

8 9 8 0 0 0 1 4 3 8

Wm. J. C. Dulany Co., City Printers and Stationers

been committed to his care, shall be delivered only signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate referred to in the first section hereof, within the first ten days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13/98
4. Place of Birth, (Street and Number) 516 S. Ann Str.
5. Full Name of Mother, Mary Schwarz
6. Mother's Maiden Name, " Wilhelmi
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Dan. Schwarz
9. Father's Occupation Grocer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesholer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 0 0 0 1 4 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 90724

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13 of March 1898
4. Place of Birth, (Street and Number) 946 Cheasapeake St
5. Full Name of Mother, Annie L Datterweich
6. Mother's Maiden Name, Annie L Steckfus
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Datterweich
9. Father's Occupation, Grocery
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Burhart

Address, 1011 Bouldin Ave

Remarks, 8980001440

is schedule shall contain a list of the births which have occurred under his or her care during the shall set forth as far as the same can be ascertained the full name of each child, if any shall have rted) its sex, color, the full name and occupation of its parents, the date and place of birth, and the le shall be delivered, duly signed by the practitioner in the form of a certificate between the first and of each and every month to the office of the Commissioner of Health. In case the birth of any child r without the attendance of a physician or practioner of midwifery, or should no other person be in e upon the mother, immediately thereafter it shall become the duty of the person or parents of such eport its birth to the Commissioner of Health, in the manner and within the period above required, and person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- o the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th of March 98
4. *Place of Birth, (Street and Number)* Carlton Maternity
5. *Full Name of Mother,* Lina Obel
6. *Mother's Maiden Name,* Lina Klein
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* August Obel
9. *Father's Occupation* Bäcker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Kemler midwife

Address, 2116 W. Pratt St

Remarks,

898U001441

Wm. J. C. Dulany Co., City Printers and Stationers.

90726

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13 1899
4. *Place of Birth, (Street and Number)* 2610 Francis St.
5. *Full Name of Mother,* Georgia A Decker
6. *Mother's Maiden Name,* " " Black
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Decker
9. *Father's Occupation* M. G. Gauger
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, C. Faulstich

Address, 2859 Baltimore St

Remarks,

8 9 8 U 0 0 1 4 4 2

been conferred) its sex, color, the full name and occupation of its parents, the number of the child of the mother between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90727

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13th 1895
4. Place of Birth, (Street and Number) 2823 Fulton Ave.
5. Full Name of Mother, Martha Carr
6. Mother's Maiden Name, " " Gardner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter Carr
9. Father's Occupation Milkman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Carrie Faulstich

Address, 2859 Fulton Ave.

Remarks,

said certificate shall be delivered, duly signed by the attending physician or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8980001443

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13th 1898
4. Place of Birth, (Street and Number) 421 N. Patterson Pk Ave
5. Full Name of Mother, Annie Strait
6. Mother's Maiden Name, Annie Lang
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Henry Strait
9. Father's Occupation Jewelry Dealer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary Klobe

Address, 1-9. 10th St. Wayne Street

Remarks, 8980001444

been entered its sex, color, the full name and occupation of its parents, the date of birth, and the number (if any) between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

90729

Selma Cornelia Grant

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	March 13th 1898
4. Place of Birth, (Street and Number)	522 Gold St.
5. Full Name of Mother,	Nannie Grant
6. Mother's Maiden Name,	Nannie Drummond
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	William Grant
9. Father's Occupation	Waiter
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return,	Robt. J. Murray M.D.
Address,	6-26-53 320 N. Fremont Ave
Remarks,	8 9 8 0 0 0 1 4 4 5

GIVEN NAME ADDED.

been collected in the said City. Every practitioner in the said City signed by the practitioner in attendance upon any birth, shall be delivered, duly signed by the practitioner in attendance upon any birth, to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance upon any birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Frederick William

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 13/98
4. Place of Birth, (Street and Number) 1704 E. Chase St.
5. Full Name of Mother, Julii Hildebrand
6. Mother's Maiden Name, Scheuermann
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas. F. Hildebrand.
9. Father's Occupation Carpenter - Builder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gruss.

Address, 1907 E. Monument St.

Remarks,

8980001446

Said Schools shall be kept open for the attendance of children from the first day of October to the first day of June following, except Saturdays, Sundays, legal holidays, and days when the schools are closed by order of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90731

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Colored Female
2. *Race or Color, (if not of the white race)*	Col'd
3. *Date of Birth,*	March 13, 1900
4. *Place of Birth, (Street and Number)*	1411 Wash
5. *Full Name of Mother,*	Harriet Fulton
6. *Mother's Maiden Name,*	Harriet Gorman
7. *Mother's Birthplace,*	Essex Co. Va.
8. *Full Name of Father,*	Richard Fulton
9. *Father's Occupation.*	Laborer
10. *Father's Birthplace,*	Anne Arundel Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Charlotte McElwaine
Address,	910 Lemmon Hall St
Remarks,	

8980001447

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 3-28-58

90732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen G. Lucas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13 98
4. Place of Birth, (Street and Number) 814 Baltimore Road
5. Full Name of Mother, Mary Hopkins Lucas
6. Mother's Maiden Name, Mary Hopkins McGovern
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert James Lucas
9. Father's Occupation Machinist.
10. Father's Birthplace, Northumberland Co. Va

Name of Medical Attendant, or other person who makes this Return, Mary A Duggan

Address, 2047 Laurel St

Remarks,

8980001448

Every birth must be reported within one month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon its birth to the Commissioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marianna Shank

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4 1895
4. Place of Birth, (Street and Number) 17 Caton st 36
5. Full Name of Mother, Mary De Shanks
6. Mother's Maiden Name, Mary De grimes
7. Mother's Birthplace, Virginia
8. Full Name of Father, William Shanks
9. Father's Occupation Car cleaner
10. Father's Birthplace, Maryland Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E Kelly

Address, 1922 Mildred ave

Remarks, CITIZEN MADE ADDED 3-11-53

18980001449

Said Return shall be made in writing to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90734

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 13, 1898

4. *Place of Birth, (Street and Number)* 1533 w Lanvale st

5. *Full Name of Mother,* Addie Dyddle

6. *Mother's Maiden Name,* Strain

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* George Dyddle

9. *Father's Occupation,* Paper Hanger

10. *Father's Birthplace,* Illinois

Name of Medical Attendant, or other person who makes this Return. Jos Mitchell M D

Address, 1609 Eutaw

Remarks,

1898000 1450

said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of a physician or practitioner of midwifery, or should no other person be in attendance, then it shall be the duty of the person above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then it shall be the duty of the person above required, and shall occur upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

90735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 13th March 1895.

4. Place of Birth, (Street and Number) 106 Hartford Ave

5. Full Name of Mother, Della Frederick

6. Mother's Maiden Name, Della Mannion

7. Mother's Birthplace, Ireland

8. Full Name of Father, Joseph Frederick.

9. Father's Occupation Tanner

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J. J. Medicis

Address, 1417 E. Eager St.

Remarks,

8980001451

Wm. J. C. Dulany Co., City Printers and Stationers.

mother, &c. (and) its sex, color, the full name and occupation [illegible] in the form of a certificate between the first and been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH.

90736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13th 98
4. *Place of Birth, (Street and Number)* 1723 E. Biddle St
5. *Full Name of Mother,* Ellen C. Gaskins
6. *Mother's Maiden Name,* Ellen C. Wheeley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas H. Gaskins
9. *Father's Occupation* Ship Steam Fitter
10. *Father's Birthplace,* Robeson Carthage N. C

Name of Medical Attendant, or other person who makes this Return, Dr. L. Kirk M.D.

Address, 1717 Valley St.

Remarks, 1898 0001452

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90737

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 13. 1898
4. *Place of Birth, (Street and Number)* Barclay N Harvey
5. *Full Name of Mother,* Mary Powell
6. *Mother's Maiden Name,* A A Jackson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Jim Powell
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jennie E Bailey

Address, 78 Talbot St

Remarks, Harvey

8980001453

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13th 1898
4. *Place of Birth, (Street and Number)* No 1812 Hanover St
5. *Full Name of Mother,* Elizabeth Rowan
6. *Mother's Maiden Name,* Elizabeth Thomas
7. *Mother's Birthplace,* Martinsburg
8. *Full Name of Father,* Michael Rowan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Teffon Va

Name of Medical Attendant, or other person who makes this Return Catharine Horning

Address, No 1517 Byrd st

Remarks,

8 7 8 0 0 0 1 4 5 4

Sec. 8. The Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch 14-98
4. *Place of Birth, (Street and Number)* 103 N. Fulton Ave. Balto Md.
5. *Full Name of Mother,* Mary J. S. Kane
6. *Mother's Maiden Name,* Grimes
7. *Mother's Birthplace,* Pattsville, Pa.
8. *Full Name of Father,* James C. Kane
9. *Father's Occupation* Expert Accountant
10. *Father's Birthplace,* Pattsville, Pa.

Name of Medical Attendant, or other person who makes this Return, J. Wm Emrich M.D.

Address, 101 N. FULTON AVENUE.

Remarks,

8 9 8 0 0 0 1 4 5 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8980001456

said schedule shall be delivered, duly filled up, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90741

To the Office of Registrar of Vital Statisiics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 14th 1898
4. Place of Birth (Street and Number)	306. S. Woodyear Stret,
5. Full Name of Mother	Elizabeth. J. O'Neil
6. Mother's Maiden Name	Elizabeth. J. Boyd
7. Mother's Birthplace	Baltimore Maryland
8. Full Name of Father	Charles E. O'Neil.
9. Father's Occupation	Mechanic.
10. Father's Birthplace	Howard. Co. Md
Name of Medical Attendant, or other Person who makes this Return.	A. T. Bell. M. D
Address	1111. N. Calhoun St
Remarks	Baltimore Md.

8 9 8 U 0 0 1 4 5 7

RETURN OF A BIRTH. 90742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said Schedule shall be delivered, duly signed by the practitioner, at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first three days of each and every month, of all births which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	White Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 14th 1898
4. Place of Birth, (Street and Number)	2224 Boston Street
5. Full Name of Mother,	Mary Bochum
6. Mother's Maiden Name,	Mary Brocking
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Otto R. Bochum
9. Father's Occupation	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Broder Midwife
Address,	1922 E Fayette Street
Remarks,	

8980001458

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH

907 18

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Frank Richard Herman Schumann First

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether male or female), White

2. Race or Color (if not of the white race),

3. Date of Birth, March 14 98

4. Place of Birth (Street and Number), 510 Freeman St

5. Full Name of Mother, Mathilda (Schumann) Ehrlich

6. Mother's Maiden Name, Mathilda

7. Mother's Birthplace, Germany

8. Full Name of Father, Emil (Schumann) Schumann

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. M S Schell M D

Address, 547 Freeman St

Remarks,

1898 0001459

...each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no parents of such child be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

90724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the Christian names of each child, (if any shall have been born alive) and the full name of each child, (if any shall have been born alive) and the full name can be ascertained the full name of each child. (If any shall have been born alive) and the full name can be ascertained the full name of each child. (If any shall have been born alive) and the full name can be ascertained the full name of each child. (If

RETURN OF A BIRTH. 90745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1880
4. Place of Birth, (Street and Number) 15 Gorsuch ave
5. Full Name of Mother, Mary E Shultz
6. Mother's Maiden Name, Evans
7. Mother's Birthplace, Md
8. Full Name of Father, Thomas Shultz
9. Father's Occupation Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Young Pollock M.D.

Address, 237 Gorsuch Avenue

Remarks,

18980001461

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

90746

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 14th 1898
4. *Place of Birth (Street and Number)*	729 Hartford ave
5. *Full Name of Mother*	Anna Lemaitre
6. *Mother's Maiden Name*	Mealy
7. *Mother's Birthplace*	Pennsylvania
8. *Full Name of Father*	George H. Lemaitre
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this return	James J. Breland
Address	314 N Eutaw St
Remarks	

8 9 8 U 0 0 1 4 6 2

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...arise at the birth of any child ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

90717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	m
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 14 1898
4. *Place of Birth, (Street and Number)*	1722 Etting's ave
5. *Full Name of Mother,*	Mora Frerie
6. *Mother's Maiden Name,*	" Pearson
7. *Mother's Birthplace,*	Frederick Md
8. *Full Name of Father,*	August Henry Frerie
9. *Father's Occupation*	R R Agent
10. *Father's Birthplace,*	Frederick Md
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1601 Broadway
Remarks,	

8 7 8 U D D 1 4 6 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall ha been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and th said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any chil shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co.- City Printers and Stationers.

RETURN OF A BIRTH, 90748

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Theodore L. Harwood

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6/12

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 14th 1898.
4. *Place of Birth, (Street and Number)* Baltimore Light St. No 1512
5. *Full Name of Mother* Mary Frances Harwood.
6. *Mother's Maiden Name* Burns
7. *Mother's Birthplace* Burnes. Baltimore Md
8. *Full Name of Father* Eugene Boyd Harwood
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Prince Georges County. Md.

Name of Medical Attendant, or other Person who makes this Return. Wm Conway

Address 1615 Randall st

Remarks Healthy

8780001464

the child, stating distinctly the date of birth, &c. ... the child of ... born, is of ... p.
condition, whether still born or not, the full nam... nd residence of the parents, and the m...
name of the mother of such child or children.

RETURN OF A BIRTH.

MIDDLE NAME ADDED 3/22/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

90749

Name: Clarice Marie Bartley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. March 14th 1948
4. Place of Birth, (Street and Number) 1032 Hart ave
5. Full Name of Mother, Mary Bartley
6. Mother's Maiden Name, " McGuire
7. Mother's Birthplace, Ireland
8. Full Name of Father, Clarence Bartley
9. Father's Occupation Soldier U.S.
10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return, Chas S Reynolds M.D.

Address, 407 N Charles St

Remarks, 8980001465

This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner come the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90760

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or ~~female~~)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 14th 1898
4. *Place of Birth, (Street and Number)*	1627 North Avenue
5. *Full Name of Mother,*	Carrie E Breidenstein
6. *Mother's Maiden Name,*	" " Doncho.
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Jacob P Breidenstein
9. *Father's Occupation.*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	J Ridgway André M.D
Address,	1123 E Baltimore
Remarks,	

1898 00 0 0 1 4 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

90767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 14 1895
4. *Place of Birth, (Street and Number)*	517 N Carlton St
5. *Full Name of Mother,*	Mary Paula Dreyer
6. *Mother's Maiden Name,*	Mary Paula
7. *Mother's Birthplace,*	Baltimd
8. *Full Name of Father,*	Henry L Dreyer
9. *Father's Occupation,*	Boy Maker
10. *Father's Birthplace,*	Baltimd
Name of Medical Attendant, or other person who makes this Return.	Robt H Thomas
Address,	1001 W Lanvale St
Remarks,	

8 7 8 0 0 0 1 4 6 7

NOTE. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 90762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14th 1898
4. *Place of Birth, (Street and Number)* Register Co
5. *Full Name of Mother,* Mary Flagewal
6. *Mother's Maiden Name,* Mary Ament
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Flagewall
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mary Engelhardt

Address, 1726 Eastern Ave Balto Md

Remarks, 7 Months Child Weight 1½ Pounds

8980001468

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-22-30

RETURN OF A BIRTH. 90734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Philip Yager 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th of May 95

4. Place of Birth, (Street and Number) 33d. manor Av.

5. Full Name of Mother, Lisa Yäger

6. Mother's Maiden Name, Lisa Wall

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry Yäger

9. Father's Occupation Lobo

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Frederick Hewler midwife

Address, 2116 W Pratt St

Remarks,

B 9 8 U 0 0 1 4 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Given under the hand of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner provided in this section, shall be subject to the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 4-26-51

90788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ~~Louis~~ Friedrich Gobrecht

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15th 1898
4. Place of Birth, (Street and Number) 1604 Chase st
5. Full Name of Mother, Marie Goldbrecht Gobrecht
6. Mother's Maiden Name, Marie (Shroeder) Schroeder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis ~~Goldbrecht~~ Gobrecht
9. Father's Occupation Iron Moulder
10. Father's Birthplace, (Virginia) Charleston, S.C.

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 N. Chester st

Remarks, 8980001470

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1st 90
4. *Place of Birth, (Street and Number)* 1602 Pa Ave Baltimore
5. *Full Name of Mother,* Mary Eva Weihmiller
6. *Mother's Maiden Name,* Mary Eva Metz
7. *Mother's Birthplace,* Wrightsville Pa
8. *Full Name of Father,* Herman Emile Weihmiller
9. *Father's Occupation,* Cigar Packer
10. *Father's Birthplace,* Phila Pa

Name of Medical Attendant, or other person who makes this Return. P. S. Barrett M.D.

Address, 604 Pa Ave City

Remarks, For Dr Chandlee 704 North Ave

8 9 8 0 0 0 1 4 7 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 90787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 15th 1896
4. Place of Birth, (Street and Number) 1012 Forest Place
5. Full Name of Mother, Margaret Sophia (County Kirby
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland
8. Full Name of Father, Samuel John Cassidy
9. Father's Occupation, Florist P.O.R.R.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr. D. Raymond M.D.

Address, 509 N Charles St

Remarks,

8980001472

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. 1898 15 of March

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) Colo
3. Date of Birth, Baltimore Baltimore
4. Place of Birth, (Street and Number) Baltimore 634 Maryland
5. Full Name of Mother, Lulia Dyson
6. Mother's Maiden Name, Louisa Henry
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Henry
9. Father's Occupation, Shipping and Lumber
10. Father's Birthplace, Baltimore County, Md.

Name of Medical Attendant, or other person who makes this Return, Dennis M. Davis

Address, 914 Lead Street

Remarks,

8980001473

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90769

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 15, 1898

4. Place of Birth, (Street and Number) 1808 E Oliver Street

5. Full Name of Mother, Mary E Keenan

6. Mother's Maiden Name, Mary E Mackey

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Henry Keenan

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. J F Mantenet

Address, 1707 Wilcanolia Street

Remarks,

8 9 8 U 0 0 1 4 7 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 16 1898
4. Place of Birth, (Street and Number) 1130 Miles St.
5. Full Name of Mother, Laura Lacount
6. Mother's Maiden Name, Jewell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Lacount
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8980001475

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter provided, to the office of the Commissioner of Health, within the first ten days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90961

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 15th March 1898
4. *Place of Birth, (Street and Number)*	818 Aisquith St.
5. *Full Name of Mother,*	Sophia M. Straub
6. *Mother's Maiden Name,*	Sophia M. Stoll.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Charles J. Straub
9. *Father's Occupation,*	Labor.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mrs Christina Lauer
Address,	1059 Harford Ave.
Remarks,	Balto ~~Md~~.

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and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, The 15th March 1898

4. Place of Birth, (Street and Number) W 809 Greenmount Ave

5. Full Name of Mother, Louise Petry

6. Mother's Maiden Name, Louise Rodmer

7. Mother's Birthplace, Balto.

8. Full Name of Father, Anton Petry

9. Father's Occupation, City Garbage Cart

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Christina Lange

Address, 1009 Hartford Ave

Remarks, Balto Md.

8 7 8 0 0 0 1 4 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 90768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Brown. African origin.
3. *Date of Birth,*	15. March. 1898.
4. *Place of Birth, (Street and Number)*	W. Hamburg St. No. 333.
5. *Full Name of Mother,*	Druidhilda Kent.
6. *Mother's Maiden Name,*	Druidhilda Pope
7. *Mother's Birthplace,*	Calvert County. Md.
8. *Full Name of Father,*	Jave Kent.
9. *Father's Occupation,*	Stevedore.
10. *Father's Birthplace,*	Calvert County. Md.
Name of Medical Attendant, or other person who makes this Return.	A. F. Volkman. M. D.
Address,	No. 620. S. Eutaw St.
Remarks,	

8980001478

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 6. Be it further enacted, That it shall be the duty of the person in charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In ense the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

36]

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

96764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15, 1898.
4. *Place of Birth, (Street and Number)* 802 Hanover St.
5. *Full Name of Mother,* Annie Berfield
6. *Mother's Maiden Name,* Holtzman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harry Berfield
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Rubinstein

Address, 123 W. Barre St.

Remarks,

8980001479

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore 21 Dec

90760

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored 1898

3. Date of Birth. March 15

4. Place of Birth, (Street and Number) 28 Calvin st

5. Full Name of Mother, Maggie Sister

6. Mother's Maiden Name, Waffie Sisters

7. Mother's Birthplace, Statesville North Carolina

8. Full Name of Father, Same as Above

9. Father's Occupation Student

10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return. Mrs Clara Brent

Address, 922 Harrison st Balto City

Remarks. every thing all right

1898000014 80

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Mch. 5th, 1898
4. Place of Birth, (Street and Number) 1418 McElderry St.
5. Full Name of Mother, Sarah Henson
6. Mother's Maiden Name, Sarah Wright
7. Mother's Birthplace, Anne Arundel Co, Md.
8. Full Name of Father, Granville Henson
9. Father's Occupation Laborer
10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hosp. Baltimore, Md.

Remarks, Premature birth (7th. mo.) Child lived only a few minutes.

1 8 9 8 0 0 0 1 4 8 1

been concerned. Its sex, color, the full name and residence of its parents, the date and place of its birth, and the name and residence of the physician or midwife present at the birth, if any, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this sectio.. shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mch. 15th 1898
4. Place of Birth, (Street and Number) 321 S. Spring St.
5. Full Name of Mother, Matilda Jordan
6. Mother's Maiden Name, Matilda May
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Richard Jordan
9. Father's Occupation Bottler
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8 9 8 0 0 0 1 4 8 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every midwife shall report to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 15th 1898

4. Place of Birth, (Street and Number) 128 N Durham Street.

5. Full Name of Mother, Margarethe Gussman

6. Mother's Maiden Name, Amling

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Gussman

9. Father's Occupation Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Hogan Midwife

Address, 1922 E. Fayette Street

Remarks,

8 9 8 0 0 0 1 4 8 3

third day of each and every month to the office of the Commissioner of Health, the case of the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15 th - 1898
4. Place of Birth, (Street and Number) 629 Lamberd St
5. Full Name of Mother, Julia Sidonia Arnold
6. Mother's Maiden Name, Sank
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Washington Arnold
9. Father's Occupation Lato
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 N. Gross St

Remarks,

8 9 8 0 0 0 1 4 8 4

said scheme shall forfeit ... to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. ... every month ...

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

9077
9.770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 15/98
4. *Place of Birth, (Street and Number)*	941 N. Chester St
5. *Full Name of Mother,*	Maggie Carnes
6. *Mother's Maiden Name,*	Maggie Mc Clerking
7. *Mother's Birthplace,*	Balto md
8. *Full Name of Father,*	Geo. Thos Carnes
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Balto md
Name of Medical Attendant, or other person who makes this Return,	P. A. Paoletti M.D
Address,	2434 N. Broadway
Remarks,	

1 8 9 8 0 0 0 1 4 8 5

J. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15. March. 1898.
4. Place of Birth, (Street and Number) 111. Broadnorth. Street.
5. Full Name of Mother, Anni Mc. Donald
6. Mother's Maiden Name, Anny Bubren.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Edward Mc. Donald.
9. Father's Occupation Shirt. ironer.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Kass.

Address, 1-9. N. Wolfe. Street

Remarks,

8 9 8 U 0 0 1 4 8 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

...month, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the ...been conferred; its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female-
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15th 98-
4. *Place of Birth, (Street and Number)* 1926 Ridgewood ave
5. *Full Name of Mother,* Charlotte Amelia Collins
6. *Mother's Maiden Name,* Charlotte Amelia Ogden -
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Henry Collins
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Gustav Goldman M.D-

Address, 2005 Eastern ave

Remarks, Premature birth - died one hour after birth-

French Lassman Registrar

8 9 8 0 0 0 1 4 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, March 15 1898.
4. Place of Birth, (Street and Number) 1212 S. Paca st.
5. Full Name of Mother, Mary Watkins
6. Mother's Maiden Name, Mary Other
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Daniel Watkins
9. Father's Occupation Labor.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Grace Harris

Address, 818. Stockholm St

Remarks,

8 9 8 U 0 0 1 4 8 8

Every birth must be reported within ten days to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Return of each and every month to the office of the Commissioner of Health, on the third day of

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1256]

RETURN OF A BIRTH. 90774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 15. 1898.
4. Place of Birth, (Street and Number) 507 Campell Street.
5. Full Name of Mother, Mary Belt
6. Mother's Maiden Name, Myers.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, William Belt
9. Father's Occupation, Laborer.
10. Father's Birthplace, Fredrick - Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Hanna for the

Address, Mothers Relief / 1412 Eutaw Place.

Remarks,

8980001489

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 15th of March 1898
4. *Place of Birth, (Street and Number)* 1325 W Calhoun Street
5. *Full Name of Mother,* Lottie Rush
6. *Mother's Maiden Name,* Lottie Owens
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles L Rush
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Saint Mary Colored

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1327 Wharton

Remarks,

8 9 8 U 0 0 1 4 9 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 90776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sister

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 1st month 1895
4. *Place of Birth, (Street and Number)* 1329 Eutaw East Street
5. *Full Name of Mother,* Nellie Pathell
6. *Mother's Maiden Name,* Nellie Green
7. *Mother's Birthplace,* Point Pleasant
8. *Full Name of Father,* William Pathell
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Point Pleasant

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Eutaw East Street

Remarks,

8 7 8 0 0 0 1 4 9 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16/98 4 A.M
4. Place of Birth, (Street and Number) 1001 Fulton Pl.
5. Full Name of Mother, Mary Theresa McKenna
6. Mother's Maiden Name, Mad, Theresa Allenbaugh
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, William McKenna
9. Father's Occupation Straw Hat Manufactur
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, A H Carton

Address, 1136 W Lexington St

Remarks, Delivery by forceps

1898 0001492

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Balt

90778

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16th, 1
4. Place of Birth, (Street and Number) 216 Belair
5. Full Name of Mother, Elizabeth Buchw
6. Mother's Maiden Name, Graf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Buchwal
9. Father's Occupation, Expressman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmsin

Address, # 7 Mine Bun

Remarks, ...

8980001493

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

356] Felix Hodges CERTIFICATE AMENDED 12/17/96 TMA

RETURN OF A BIRTH. 90779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME FRANCES ~~Josephine~~ Hodges

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th March 1898.
4. Place of Birth, (Street and Number) No 1117 Lexington near Carrollton
5. Full Name of Mother, Annie Louise Hodges
6. Mother's Maiden Name, Hodecker
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Felix J Hodges
9. Father's Occupation File Setter
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Bischoff

Address, No 731 N Peter St

Remarks,

Filed 1898

8980001494

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

90780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 16: 1898

4. *Place of Birth, (Street and Number)* Baltimore 39. Wilkins st

5. *Full Name of Mother,* Ella Gittle

6. *Mother's Maiden Name,* Ella Conly

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Edward Gittle

9. *Father's Occupation* Dr Geo Dorsey

10. *Father's Birthplace,* Dr Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ruth A Sothoron

Address, No 124 S. Monroe st

Remarks,

8 9 8 0 0 0 1 4 9 5

In case the birth of any child to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-24-56 90781

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Francis Alder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16/98.
4. *Place of Birth, (Street and Number)* 230 Cedar Ave Baltimore
5. *Full Name of Mother,* Ida J. ~~Bull~~ Alder
6. *Mother's Maiden Name,* Ida J. Bull
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Silas Alder.
9. *Father's Occupation* Flagman.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, C. A. Shelley M.D.

Address, 3426 Chestnut Ave.

Remarks,

8980001496

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 16th 1895

4. *Place of Birth, (Street and Number)* 213 Foster Ave

5. *Full Name of Mother,* Mary Riley

6. *Mother's Maiden Name,* Mary Sanders

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Samuel Riley

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary M. Taylor

Address, 611 S. Patterson Park Ave.

Remarks,

8 7 8 0 0 0 1 4 9 7

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 16th 1898
4. *Place of Birth, (Street and Number)*	710 N. Fulton St
5. *Full Name of Mother,*	Julia Mutti Smith
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	John C. Mutti
8. *Full Name of Father,*	Wholesale Druggist
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	Thomas Osie M.D.
Name of Medical Attendant, or other person who makes this Return,	219 W Monument
Address,	
Remarks,	

1898000001498

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 16th 1898
4. *Place of Birth, (Street and Number)*	2414 East Townsend
5. *Full Name of Mother,*	Cath Maguire
6. *Mother's Maiden Name,*	Cath Hohenman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jas Maguire
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm D. Corse MD
Address,	Gardenville Balto Co Md
Remarks,	

8980001499

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RETURN OF A BIRTH. 90786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th March 1898
4. *Place of Birth, (Street and Number)* 230 First St
5. *Full Name of Mother,* Annie Tallakson
6. *Mother's Maiden Name,* Annie Smith
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Tallakson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Norway

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 726 Eastern Ave

Balto Md

Remarks,

1898 000 1500

said schedule shall be delivered, duly signed by the practitioner in the [illegible] case the birth of any child shall occur without the attendance of a physician or practitioner in the [illegible] Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the [illegible] or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH.

90786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 14 March 1898

4. *Place of Birth, (Street and Number)* 1125 E. Baltimore St.

5. *Full Name of Mother,* Emilie Schumann

6. *Mother's Maiden Name,* " Hesse

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Christian Schumann

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mr. Louis Stoffler

Address, 1125 E. Baltimore St.

Remarks,

8 9 8 0 0 0 1 5 0 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicener of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90787

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 March 1898

4. Place of Birth, (Street and Number) 1622 Carrison Ave

5. Full Name of Mother, Lizzie Lorion

6. Mother's Maiden Name, Lizzie Perrenne

7. Mother's Birthplace, Germania

8. Full Name of Father, Cesar P. Lorion

9. Father's Occupation Laborer

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 S Gross St

Remarks,

1 8 9 8 U 0 0 9 1 5 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and the Commissioner of Health. ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner, in the manner and within the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-1-52

90788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ella Weise the 6 ch.
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	the 16 of March 1878
4. Place of Birth, (Street and Number)	S. Sharp st. #1004
5. Full Name of Mother,	Elise Minna Weise
6. Mother's Maiden Name,	" Wolf
7. Mother's Birthplace,	Mittweida Germany
8. Full Name of Father,	Carl Robert Weise
9. Father's Occupation	Cabinetmaker
10. Father's Birthplace,	Hainichen Saxon Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 N. Gross St
Remarks,	

B 9 8 0 0 0 1 5 0 3

said schedule shall be delivered, duly signed by the practitioner in charge of the case, or the person who shall sign a certificate required to be made by any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 90789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	May 16th 1898.
4. *Place of Birth, (Street and Number)*	117 Robinson St.
5. *Full Name of Mother,*	Augusta T. Madsen
6. *Mother's Maiden Name,*	Augusta T. Blakly.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Hugh Madsen.
9. *Father's Occupation*	Brakman.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary C. Pugg
Address,	225 Bank St
Remarks,	City.

8 7 8 0 0 0 1 5 0 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* fumail
2. *Race or Color, (if not of the white race)* Colerd
3. *Date of Birth,* March 16 1898
4. *Place of Birth, (Street and Number)* fulton Carris 1835
5. *Full Name of Mother,* Virginia Paul
6. *Mother's Maiden Name,* Virginia Kras
7. *Mother's Birthplace,* Ericis County Virginia
8. *Full Name of Father,* frank Paul
9. *Father's Occupation* Baltimore
10. *Father's Birthplace.* Baltimor City

Name of Medical Attendant, or other person who makes this Return, Elizabeth Peters

Address. 1547 Bruce St

Remarks. Thomas D. Peters 60 Polk & Vincent St

18980001505

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16/98
4. *Place of Birth, (Street and Number)* No 2609 Ashland ave
5. *Full Name of Mother,* Lizzie Medley
6. *Mother's Maiden Name,* Hecht
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Medley
9. *Father's Occupation* Machinest
10. *Father's Birthplace,* Solomons Island Calvert county

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, 1907 E Monument Ave.

Remarks,

1898 U 001506

been conferred), its sex, color, the full name, etc., of the parents, etc., in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16th March 1898
4. Place of Birth, (Street and Number) 117 E Clement St
5. Full Name of Mother, Mary M Dawson
6. Mother's Maiden Name, Wysong
7. Mother's Birthplace, Rock Hall Kent Co Md
8. Full Name of Father, Geo. J Dawson
9. Father's Occupation Ship Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Pennell

Address, 602 Font ave

Remarks,

8 9 8 0 0 0 1 5 0 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st. Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white Child
3. Date of Birth, 16 March 1878.
4. Place of Birth, (Street and Number) 184 n. Hamburg St.
5. Full Name of Mother, Emma L. Hess
6. Mother's Maiden Name, Emma L. Warmath
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Hess.
9. Father's Occupation Carpenter by trade
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 30 Leadenhall Street.

Remarks,

8 9 8 0 0 0 1 5 0 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH.

90794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 16 - 98
4. *Place of Birth, (Street and Number)*	1513 N Durham
5. *Full Name of Mother,*	Cora M Rilemyer
6. *Mother's Maiden Name,*	" " Shaw
7. *Mother's Birthplace,*	Boston Mass
8. *Full Name of Father,*	Joseph Rilemyer
9. *Father's Occupation*	Landryman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	1420 30 N Washington
Remarks,	

18980001509

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: C Doug ~~Warfield~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 & 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 6 1898
4. Place of Birth, (Street and Number) 512 Edmondson Ave
5. Full Name of Mother, Ella Warfield
6. Mother's Maiden Name, Cox
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. D. Warfield
9. Father's Occupation Letter Carrier
10. Father's Birthplace, Harford Co Md.

Name of Medical Attendant, or other person who makes this Return, Wm A. F. Duncan M.D.

Address, 1202 Chestnut Ave

Remarks,

18980001510

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

6.]

RETURN OF A BIRTH.

90796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 16 1898

4. *Place of Birth, (Street and Number)* 715 Falls Road.

5. *Full Name of Mother,* Annie M. Sunderland

6. *Mother's Maiden Name,* Gaiger

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* John Sunderland

9. *Father's Occupation* Moulder

10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Martha E. King

Address, 573 Hickory Ave. Hamden Balto. Md.

Remarks,

8 7 8 0 0 0 1 5 1 1

Said schedule shall be delivered, duly signed by the practitioner on the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, the midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 16. 1898
4. *Place of Birth, (Street and Number)* Baltimore 508 Central ave
5. *Full Name of Mother,* Annie L Kenby not married
6. *Mother's Maiden Name,* Annie L Kenby
7. *Mother's Birthplace,* Harford Co Md
8. *Full Name of Father,* John T Henson
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Carline Pattison

Address, 814 N Dallas st

Remarks, Doing Well

8 9 8 0 0 0 1 5 1 2

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1898
4. *Place of Birth, (Street and Number)* No 20 N. Poppleton st Baltimore
5. *Full Name of Mother,* Nellie Mills
6. *Mother's Maiden Name,* Nellie Madigan
7. *Mother's Birthplace,* Chicago
8. *Full Name of Father,* Arthur W Mills
9. *Father's Occupation* House Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return Mrs Hunter

Address, 23 do do Pleasant st

Remarks,

1 8 9 8 U 0 0 1 5 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th, 1898
4. *Place of Birth, (Street and Number)* 2740 St. Paul St.
5. *Full Name of Mother,* Annie Robinson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Wilbert R. Robinson
9. *Father's Occupation* Baseball player
10. *Father's Birthplace,* New York State.

Name of Medical Attendant, or other person who makes this Return, Walter Bolgiano

Address, 2020 N. Charles St.

Remarks,

C 7 8 0 0 0 1 5 1 4

Wm. J. C. Dulany Co., City Printers and Stationers

...practitioner in the form of a certificate between the first and ... said schedule shall be delivered duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90500

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 8-30-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Esther Eleanor Keilholtz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 17 th 1898
4. Place of Birth, (Street and Number)	1021 So Saca st
5. Full Name of Mother,	Emma (Reinhold) Keilholtz
6. Mother's Maiden Name,	Emma (Walter) Howard
7. Mother's Birthplace,	Baltimore Keilholtz
8. Full Name of Father,	Walter (Reinhold)
9. Father's Occupation	Driver.
10. Father's Birthplace,	Baltimore,
Name of Medical Attendant, or other person who makes this Return,	Hellgonda Alfer
Address,	734 ~~So Loca~~ St Peter
Remarks,	

8980001515

Health. It is hereby made the duty of the attending physician or midwife, and in default thereof of the father, mother, householder or other person present at the birth, to ascertain the date and place of birth; and the same can be ascertained, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 9080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 17th, 1898.
4. *Place of Birth, (Street and Number)*	2215 Orleans St
5. *Full Name of Mother,*	Sarah E. Shaw
6. *Mother's Maiden Name,*	Sarah E. Taylor
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Daniel A. Shaw
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	A. Bastuell, M.D.
Address,	# 2340 Madison Avenue,
Remarks,	Born 9.30 A. M.

8980001516

Wm. J. C. Dulany Co., City Printers and Stationers.

6

RETURN OF A BIRTH. 90842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch - 17 - 98 -
4. *Place of Birth, (Street and Number)* 1601 N. Mount St.
5. *Full Name of Mother,* Ada V. Coleman
6. *Mother's Maiden Name,* Ada V. Rey
7. *Mother's Birthplace,* Richmond. Va.
8. *Full Name of Father,* Benj. F. Coleman
9. *Father's Occupation* Fresco painter
10. *Father's Birthplace,* Balto - Md.

Name of Medical Attendant, or other person who makes this Return. Henry C. Hill, Asst.

Address, 1203 W. Fayette St.

Remarks,

8980001517

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-18-59

90803

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Albert Ott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17/98
4. Place of Birth, (Street and Number) 2119 Bank St.
5. Full Name of Mother, Maggie Ott
6. Mother's Maiden Name, Gleichman
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Ott
9. Father's Occupation Machinist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesholer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 U 0 0 1 5 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 28, Article 43, of the Code of Public Local Laws of Baltimore City. It shall be the duty of the Commissioner of Health. In case the birth of any child shall occur and every month to the office of the Commissioner of Health, or should no other person be in third day of each and every month to the office of midwifery, or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 6-24-55

RETURN OF A BIRTH.

90804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Albert Groth Sr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17/98
4. Place of Birth, (Street and Number) 1132 Block Str.
5. Full Name of Mother, Augusta Groth
6. Mother's Maiden Name, " Koenig
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Groth
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Diserholzer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 7 8 U 0 0 1 5 1 9

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereof, on the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 March 1898
4. *Place of Birth, (Street and Number)* 1015 Streeper St
5. *Full Name of Mother,* Anne Gerat
6. *Mother's Maiden Name,* A Krizlak
7. *Mother's Birthplace,* Austrylic
8. *Full Name of Father,* Joe Gerat
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Austrylic

Name of Medical Attendant, or other person who makes this Return, Mary Beyer

Address, 721 S. Ann St

Remarks, Baltimore Md.

1898 0001520

third day of each and every month to the office of the Commissioner of Health. If ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

90806

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17th 1898
4. Place of Birth, (Street and Number) 271, 31st St.
5. Full Name of Mother, Mrs. Chas. Wrenn
6. Mother's Maiden Name, Nannie Lockamy
7. Mother's Birthplace, Raleigh N. C. } Living in Balto. 4 yrs
8. Full Name of Father, Charles Wrenn }
9. Father's Occupation, Machinist
10. Father's Birthplace, Goldsborough N. C.

Name of Medical Attendant, or other person who makes this Return, F. B. Marden M. D.

Address, 2910 Huntingdon Ave

Remarks, Normal L. O. A. Case; both doing well.

8 9 8 U 0 0 1 5 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 17th 1890

4. Place of Birth, (Street and Number) 410 Fort Ave.

5. Full Name of Mother, Mary F. Magnamee

6. Mother's Maiden Name, Mary F. Reynolds

7. Mother's Birthplace, Ireland

8. Full Name of Father, John F. Magnamee

9. Father's Occupation Watchman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan G. Dolzen

Address, 501 E Clement St

Remarks,

8 9 8 0 0 0 1 5 2 2

said schedule shall be delivered, [illegible] by the practitioner in the case of a certificate refused, the [illegible] third day of each and every month [illegible] office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 17. 1893
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Kate Worley
6. Mother's Maiden Name, Kate Snodgrass
7. Mother's Birthplace, Prince George County
8. Full Name of Father, John Worley
9. Father's Occupation, Laborer
10. Father's Birthplace, St Mary County

Name of Medical Attendant, or other person who makes this Return, Mary Jane

Address, 337 Wheatsheaf St

Remarks,

8 7 8 0 0 0 1 5 2 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

90809

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, Mar 17 98

4. Place of Birth, (Street and Number) 938 Druid Hill Ave.

5. Full Name of Mother, Martha Thomas

6. Mother's Maiden Name, " Brown

7. Mother's Birthplace, Md.

8. Full Name of Father, Jacob Thomas

9. Father's Occupation Lab.

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Md. Gen. Hosp.

Address,

Remarks,

B 9 8 U 0 0 1 5 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Mar 17 1898
4. *Place of Birth, (Street and Number)*	Hotel Waldorf, Calvert St & North Av
5. *Full Name of Mother,*	Claudia Dizzy
6. *Mother's Maiden Name,*	Z.
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	W.H. Dizzy
9. *Father's Occupation*	Coal merchant
10. *Father's Birthplace,*	Brets
Name of Medical Attendant, or other person who makes this Return,	R. Winslow,
Address,	1900 Mt Royal Terrace
Remarks,	6½ months child. lived only a few hours.

SECTION 2.—And be it further ordained, that a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8980001525

236.]

90811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 7th 1898
4. Place of Birth, (Street and Number) 705 Caroline St
5. Full Name of Mother, Mary Johnson
6. Mother's Maiden Name, Mary Quilles
7. Mother's Birthplace, Calvert Co
8. Full Name of Father, Samuel Johnson
9. Father's Occupation Laborer
10. Father's Birthplace, Prince George Co

Name of Medical Attendant, or other person who makes this Return, Mary Gorsey

Address, 1809 Lancaster St

Remarks,

8980001526

Wm. J. C. Dulany Co., City Printers and Stationers.

Month of birth; sex, color, the full name and occupation of its parents, the date and place of birth; and the name conferred; its

RETURN OF A BIRTH. 90812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17 1898
4. Place of Birth, (Street and Number) 1641 Hanover St.
5. Full Name of Mother, Jannetta Rausch
6. Mother's Maiden Name, Jannetta Ames
7. Mother's Birthplace, Carrollton Baltimore Co
8. Full Name of Father, Fred. H. Rausch
9. Father's Occupation Piano Makes.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Katie Winsch

Address, 20 Leadenhall Street.

Remarks,

8980001527

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 March 1898

4. Place of Birth, (Street and Number) 1091 Henrietta St

5. Full Name of Mother, Jennie Atchison

6. Mother's Maiden Name, Jennie Carroll

7. Mother's Birthplace, Paris

8. Full Name of Father, Robert L. Atchison

9. Father's Occupation Bookkeeper

10. Father's Birthplace, Carroll Howard County

Name of Medical Attendant, or other person who makes this Return, Katie Wisach

Address, 20 Leadenhall Street

Remarks,

8980001528

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife shall report to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* African
3. *Date of Birth,* March 17th 98
4. *Place of Birth, (Street and Number)* Hospital of the Good Samaritan
5. *Full Name of Mother,* Martha White
6. *Mother's Maiden Name,* Martha Robinson
7. *Mother's Birthplace,* Warrenton Virginia
8. *Full Name of Father,* James White
9. *Father's Occupation* Waiter in Hotel
10. *Father's Birthplace,* Petersburg Virginia

Name of Medical Attendant, or other person who makes this Return, Mary E. McKay M.D.

Address, Resident Physician of Samaritan Hospital.

Remarks,

8 9 8 U 0 0 1 5 2 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately after it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 17. 1898
4. *Place of Birth, (Street and Number)*	820 E. Fombard St
5. *Full Name of Mother,*	Beckie Rosenstein
6. *Mother's Maiden Name,*	" Cronoroseph
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Isaac Rosenstein
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Wm E Scherman
Address,	42 Albemarle St.
Remarks,	

18980001530

Wm. J. C. Dulany Co., City Printers and Stationers.

3.]

RETURN OF A BIRTH.

9516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 th March 1898
4. *Place of Birth, (Street and Number)* 1604 Spring st
5. *Full Name of Mother,* Maggie Weaver Williams
6. *Mother's Maiden Name,* Maggie Weaver
7. *Mother's Birthplace,* Reisterstown
8. *Full Name of Father,* John H. Williams
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1610 b Lester st

Remarks,

8 9 8 0 0 0 1 5 3 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, to be sent to the office of the Commissioner of Health. In case the birth of any child been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Maggie Ruth Stiner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 18th 1898.
4. Place of Birth, (Street and Number)	N° 1437. Henry St.
5. Full Name of Mother,	Sarah Kate Stiner
6. Mother's Maiden Name,	Sarah Kate Blackgether
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	George W. Stiner
9. Father's Occupation	Car Inspector
10. Father's Birthplace,	New Windsor Carroll Co.
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	N° 1828 Light St.
Remarks,	Doing Well.

GIVEN BIRTH ABOVE 8-7-52

8 4 8 0 0 0 1 5 3 2

said schedule shall be delivered, duly signed by the practitioner in the case, to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90818

GIVEN NAME ADDED 10-19-60

To the Office of Registrar of ~~Vital~~ Statistics, ~~Board of~~ Health, Baltimore City.

Name: Helen M Murray

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 18, 1898
4. *Place of Birth, (Street and Number)* 2143 Walbrook Ave
5. *Full Name of Mother,* Minnie Murray
6. *Mother's Maiden Name,* Eck
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* J B. Murray
9. *Father's Occupation* Engraver
10. *Father's Birthplace,* Scotland.

Name of Medical Attendant, or other person who makes this Return, Wm Grant M D.

Address, 2104 W. North Ave

Remarks,

8 9 8 0 0 0 1 5 3 3

Wm. J. C. Dulany Co., City Printers and Stationers

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236]

RETURN OF A BIRTH. 90819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18 of march 1898
4. *Place of Birth, (Street and Number)*	23 carroll ave Baltcity
5. *Full Name of Mother,*	Josephine Chatterton
6. *Mother's Maiden Name,*	Josephine marritt
7. *Mother's Birthplace,*	Alexandria Va
8. *Full Name of Father,*	era Chatterton
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	~~Dr. Hobday 111 Paca~~
Address,	Elizabeth Hicks
Remarks,	Carroll Post office

1898 00 01534

month, and shall set forth as far as the same can be ascertained, the full name of each child born since the last return, and all the particulars required by the preceding section in relation to the births which have been omitted to be returned; and for every such child whose birth shall not be returned in the first monthly return after the birth, the person whose duty it is to make such return shall forfeit and pay the sum of ten dollars; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 11. 1898
4. *Place of Birth, (Street and Number)* Hunter Alley Balto City
5. *Full Name of Mother,* Annie Mod
6. *Mother's Maiden Name,* " " Boston
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Henry Moss
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, # 9 Talbot St Balto

Remarks, Well

1898000 1535

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 children

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 10-1898
4. Place of Birth, (Street and Number) Balto Md 563 Union st
5. Full Name of Mother, Annie Theresa Goose
6. Mother's Maiden Name, Annie Theresa Smith
7. Mother's Birthplace, Annapolis
8. Full Name of Father, William Goose
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Grace Smith

Address, 563 Union street

Remarks, Baltimore md

B 9 8 0 0 0 1 5 3 6

been entered his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18, 1898
4. *Place of Birth, (Street and Number)* 1101 Canton St
5. *Full Name of Mother,* Rosie Bechtel
6. *Mother's Maiden Name,* Rosie Moore
7. *Mother's Birthplace,* Harpers Ferry
8. *Full Name of Father,* ~~Laborer~~ Charles Bechtel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, A J Sauer M D

Address, 3042 O'Donnell St

Remarks,

8780001537

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 18-98
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Clivia Jackson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Cooper
9. Father's Occupation Laborer
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M D

Address, The Johns Hopkins Hospital

Remarks,

B 9 8 0 0 0 1 5 3 8

The Sexton shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18th 1898
4. *Place of Birth, (Street and Number)* 817 Columbia ave.
5. *Full Name of Mother,* Margret Banus
6. *Mother's Maiden Name,* Margret Ryan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank M. Banus
9. *Father's Occupation* Brakman
10. *Father's Birthplace,* Allegheny Pa.

Name of Medical Attendant, or other person who makes this Return Mary Peter

Address, 812 N. Hamburg St

Remarks,

8 9 8 0 0 0 1 5 3 9

Wm. J. C. Dulany Co. City Printers and Stationers.

Every Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commis- shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-13-60

CERTIFICATE CORRECTED 7-1-60

90825

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Josephine Kaplan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18th 1898
4. Place of Birth, (Street and Number) 2010 Ashland Ave.
5. Full Name of Mother, Frances ~~B. Kaplan~~ B. Kaplan
6. Mother's Maiden Name, Frances Bolek
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph ~~Bolek~~ Kaplan
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Foster

Address, 245 N Washington Ave Bty.

Remarks,

18980001540

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child Elizabeth Ellsworth Schultz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 & 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Wht.
3. *Date of Birth,* Mch. 18/98
4. *Place of Birth, (Street and Number)* 2030 Walbrook Av.
5. *Full Name of Mother,* Wm. Chas. A. Schultz Schultz
6. *Mother's Maiden Name,* Carrie M. Gosnell
7. *Mother's Birthplace,* York Pa.
8. *Full Name of Father,* Chas A Schultz Schultz
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, E A Smith M D.

Address, 2531 Pa. Av.

Remarks,

8 7 8 0 0 0 1 5 4 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

ner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in t
missioner of Health. In case the birth of any child
third day of each and every month to the office of the Commissio
ner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practitioner of
ll become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall becom
e manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the mann
y with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with
overed as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence, to be recovere

GIVEN NAME ADDED 9-8-54

RETURN OF A BIRTH.

90827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lily Goldberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mch 18 1898.
4. Place of Birth, (Street and Number) 871 Robert St.
5. Full Name of Mother, Mollie Goldberg
6. Mother's Maiden Name, Gallant
7. Mother's Birthplace, Russia
8. Full Name of Father, Henry Goldberg
9. Father's Occupation Grocer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Norwood

Address, 854 W. Fayette St.

Remarks,

8 9 8 0 0 0 1 5 4 2

said schedule shall be delivered, duly signed by the practitioner in charge or other person, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 15th 1898
4. *Place of Birth, (Street and Number)* 1127 Bayer St
5. *Full Name of Mother,* Amanda Ellen Schlosser
6. *Mother's Maiden Name,* Amanda Ellen Dallinger
7. *Mother's Birthplace,* Cumberland Md
8. *Full Name of Father,* Alfred Henry Schlosser
9. *Father's Occupation* Glass Blower
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. L. M. Bischoff

Address, 1731 N. Pine St

Remarks,

6780001543

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... said schedule to the office of the Commissioner of Health. In case the birth of any child ... third day of each and every month to the office of the Commissioner of Health, or should no other person be in ... shall occur without the attendance of a physician or practioner it shall become the duty, of the person or parents of such ... attendance upon the mother, immediately thereafter, of the period above required, and ... child to report its birth to the Commissioner of Health, in the manner and within the time required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

90829

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	March 18th 1898
4. *Place of Birth, (Street and Number)*	811 Parrish Alley
5. *Full Name of Mother,*	Lizzie Boston
6. *Mother's Maiden Name,*	Lizzie Hall
7. *Mother's Birthplace,*	Anknandel County
8. *Full Name of Father,*	James A. Boston
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Howard Count
Name of Medical Attendant, or other person who makes this Return,	Francis Wai
Address,	809 Parrish A
Remarks,	

8 7 8 0 0 0 1 5 4 4

conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and 1 day of each and every month to the office of the Commissioner of Health. In case the birth of any child l occur without the attendance of a physician or practioner of midwifery, or should no other person be in idance upon the mother, immediately thereafter it shall become the duty of the person or parents of such d to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subed to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 1st 98
4. *Place of Birth, (Street and Number)* 2014 Mary Ann St
5. *Full Name of Mother,* Marguirite Miller
6. *Mother's Maiden Name,* Marguirite Kane
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Miller
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Amelia V. Zimmerman, M.D.

Address, 1805 W. North Ave

Remarks,

8980001545

Wm. J. C. Dulany Co., City Printers and Stationers

...fice of the Commissioner of Health. In case the birth of any child ...cian or practioner of midwifery, or should no other person be in ...reafter it shall become the duty of the person or parents of such ...f Health, in the manner and within the period above required, and ...r fail to comply with the provisions of this section shall be sub- ...ence, to be recovered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail to ... jected to the fine of ten (10) dollars for each offence, to

90831

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 18th 1898
4. *Place of Birth, (Street and Number)* 239 Canal Alley Balto Md
5. *Full Name of Mother,* Edna Martha Thomas
6. *Mother's Maiden Name,* Edna Martha Scott
7. *Mother's Birthplace,* Manchester Va.
8. *Full Name of Father,* William Nelson Thomas
9. *Father's Occupation* White Cooking
10. *Father's Birthplace,* Kentucky

Name of Medical Attendant, or other person who makes this Return, Mrs Lucy Cornish

Address, 707 Jordan St Balto Md

Remarks,

8980001546

Wm. J. C. Dulany Co., City Printers and Stationers

...the Commissioner of Health. In case the birth of any child ... the office of the Commissioner of Health, ... midwifery, or should no other person be in ... physician or practitioner of midwifery, of the person or parents of such ... hereafter. It shall become the duty, of the person or parents of such ... immediately after the period above required, and ... Health, in the manner and within the period above required, and ... Commissioner of Health, after fail to comply with the provisions of this section shall be sub- ... persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, March 18th 1898
4. Place of Birth, (Street and Number) 124 Rogers Ave.
5. Full Name of Mother, Matilda Handy
6. Mother's Maiden Name, Matilda Kennedy
7. Mother's Birthplace, Virginia
8. Full Name of Father, Chas. Handy
9. Father's Occupation Oyster Shucker
10. Father's Birthplace, Eastern Shore, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp., Balto., Md.

Remarks,

8980001547

said scheme shall be delivered, duly signed by the Physician in charge of the Institution, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Fourth month 16 1898
4. Place of Birth, (Street and Number) Baltimore Co
5. Full Name of Mother, Maria Bartell
6. Mother's Maiden Name, Maria Clark
7. Mother's Birthplace, Georgetown D C
8. Full Name of Father, Jacob Bartell
9. Father's Occupation Tailor
10. Father's Birthplace, Franklin Co Pa

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liersemann.

Address, 1107 Chesapeake street.

Remarks,

8980001548

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring in this city shall be reported within ten days after occurrence to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90834

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10th 1918
4. *Place of Birth, (Street and Number)* 1516 Fort Ave
5. *Full Name of Mother,* Estelle La Barre
6. *Mother's Maiden Name,* Conway
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Wm La Barre
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr Chas J Schoof

Address, 731 Fort Ave

Remarks,

8 7 6 0 0 0 1 5 4 9

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED

GIVEN NAME ADDED - 6/11/71

90838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: AGNES ROSE EINOFF

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 18 of March 1898

4. Place of Birth, (Street and Number) No 160 E Eager Street

5. Full Name of Mother, Rose Sylia Einoff

6. Mother's Maiden Name, Rosie Julia Muehlin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Einoff

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Lauer

Address, No 1059 Hanford Ave Bal. Md.

Remarks, 1898

8480001550

FILING DATE: 1898

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

95836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 18th 98
4. *Place of Birth, (Street and Number)*	242 North Ave
5. *Full Name of Mother,*	Frances Blum
6. *Mother's Maiden Name,*	Frances Hladick
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Chas Blum
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Chas B. Tyson MD
Address,	531 N Broadway
Remarks,	

18980001551

...the Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or should no other person be in ... it shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it shall ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

... C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 90837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Of Color

3. Date of Birth, March 18, 1898

4. Place of Birth, (Street and Number) 21 Hampton St

5. Full Name of Mother, Carrie Riley

6. Mother's Maiden Name, Carrie Tucker

7. Mother's Birthplace, Md

8. Full Name of Father, Solomon Riley

9. Father's Occupation, Waiter

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Jas R. Barkley

Address, 1132 E. Fayette St

Remarks, Living Child

8480001552

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* Colored,
3. *Date of Birth,* March 9, 1895.
4. *Place of Birth, (Street and Number)* 370 St. Mary st
5. *Full Name of Mother,* Anna Collins
6. *Mother's Maiden Name,* Anna Nash
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Collins
9. *Father's Occupation* Laborer,
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J. LeBoeuf M.D.

Address, 390 W. Lombard st

Remarks,

8780001553

Wm. J. C. Dulany Co,. City Printers and Stationers.

practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practioner of midwifery, or should no other person be in
er it, shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.
said schedule shall be delivered duly signed by the practitio
third day of each and every month to the office of the Co
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in t
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be re

RETURN OF A BIRTH. 90589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4th

1. Sex, (~~state whether~~ male or female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, March 8th 98.
4. Place of Birth, (Street and Number) 3 Lemmon St.
5. Full Name of Mother, Amelia Catherine Lutz.
6. Mother's Maiden Name, Amelia A. Workmeister.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, George Lutz.
9. Father's Occupation Ex Street Overseer.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, John L. Phillips, M.D.

Address, 662 W. Lexington St.

Remarks,

8980001554

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 March 1895.
4. *Place of Birth, (Street and Number)* 203 Washington St.
5. *Full Name of Mother,* Katharina Heim
6. *Mother's Maiden Name,* Katharina Reid
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles Heim
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hill

Address, 209 N. Castle St.

Remarks,

1898 0001555

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as the said certificate shall require, the date and place of birth, and the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 19 1898
4. *Place of Birth, (Street and Number)* 1817 E. Lambert St.
5. *Full Name of Mother,* Lora F. Fitz
6. *Mother's Maiden Name,* Schick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Fitz
9. *Father's Occupation* Upholster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E. Oath St.

Remarks,

8 9 8 U 0 0 1 5 5 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

90812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	19 March 1895
4. Place of Birth, (Street and Number)	2417 Eastern Ave.
5. Full Name of Mother,	Mollie Marchal
6. Mother's Maiden Name,	Mollie Lindemore
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George
9. Father's Occupation	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary L. Swayne
Address,	824 Canton St.
Remarks,	

8980001557

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 19 1898
4. *Place of Birth, (Street and Number)* Elliott St
5. *Full Name of Mother,* Maggie Krauk
6. *Mother's Maiden Name,* Maggie Beck
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John N. Krauk
9. *Father's Occupation* Saloon-keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, A. J. Sauer, M.D.

Address, 3042 O'Donnell St

Remarks,

8780001558

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 19th 1898
4. *Place of Birth, (Street and Number)* 1016 N. Fayette St.
5. *Full Name of Mother,* Lana Smith-Stephens
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas Stephens
9. *Father's Occupation* Druggists
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J. D. Lightbart

Address, 1711 Division Ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

B 7 8 0 0 0 1 5 5 9

said schedule shall be delivered, duly signed by him or her, to the Registrar of Vital Statistics, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, any such physician or midwife to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90845

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 19, 98
4. Place of Birth, (Street and Number) 923 N. Eutaw
5. Full Name of Mother, Rebecca Wells Hawkins
6. Mother's Maiden Name, "
7. Mother's Birthplace, Anne Arundel Co.
8. Full Name of Father, Charles Hawkins
9. Father's Occupation Driver
10. Father's Birthplace, A. A. Co.

Name of Medical Attendant, or other person who makes this Return, J. D. Talbert

Address, 1214 Druid Ave

Remarks,

8980001560

Wm. J. C. Dulany Co., City Printers and Stationers.

90816

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 19, 1898.
4. *Place of Birth, (Street and Number)*	1406 E. Lombard St
5. *Full Name of Mother,*	Rosie Sugam
6. *Mother's Maiden Name,*	" Bobkum
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Wolfe Sugam
9. *Father's Occupation*	Minister
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. Schuman
Address,	42 Albemarle St.
Remarks,	

8980001561

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19th March 1898
4. *Place of Birth, (Street and Number)* 1108 Reservoir ave
5. *Full Name of Mother,* Ella McMahon
6. *Mother's Maiden Name,* Eastland
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry McMahon
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Boston Mass

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 652 E Fort ave

Remarks,

8 9 8 0 0 0 1 5 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Office of the Commissioner of Health.

RETURN OF A BIRTH. 90848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sis

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* March 19. 1898.
4. *Place of Birth, (Street and Number)* 1333 Carroll St.
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* Mary Adams.
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Benjiman Smith
9. *Father's Occupation* Labor
10. *Father's Birthplace,* A. A. County

Name of Medical Attendant, or other person who makes this Return, Grace Harris

Address, 818 Stockholm St

Remarks,

8 9 8 0 0 0 1 5 6 3

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been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Mar. 19th 1898
4. Place of Birth, (Street and Number) Balto Md Eleanor Alley
5. Full Name of Mother, Matilda Coates
6. Mother's Maiden Name, Matilda Bambroke
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Richard Coates
9. Father's Occupation, Scowman
10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return, Sarah Hanford

Address, 1661 Stonestreet Court

Remarks, in Rear of York St

1898U001564

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. It shall be the duty of the attending physician or midwife, if there be such attendance, and of the father or mother of the child, if there be no such attendance, or if the child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19- 1898
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Annie McAllister
6. Mother's Maiden Name, Annie Parks
7. Mother's Birthplace, Maryland
8. Full Name of Father, William McAllister
9. Father's Occupation Agaterman
10. Father's Birthplace, Maryland

Name of Medical Attendant or other person who makes this Return, Geo. W. Dobbin M.D.

Address, Johns Hopkins Hospital.

Remarks,

8980001565

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 19- 28
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Lottie Pack
6. Mother's Maiden Name, Lottie Coleman
7. Mother's Birthplace, Maryland
8. Full Name of Father, Nesto Pack
9. Father's Occupation Oysterman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. E. Dobbin M.D.

Address, Johns Hopkins Hospital.

Remarks,

B 7 8 U 0 0 1 5 6 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

90852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15 1888
4. Place of Birth, (Street and Number) 212 Independent Alley Ward
5. Full Name of Mother, Emma Kidd
6. Mother's Maiden Name, Schuster
7. Mother's Birthplace, Md
8. Full Name of Father, Fredric Kidd
9. Father's Occupation Fireman
10. Father's Birthplace, U S

Name of Medical Attendant, or other person who makes this Return, Young Abbott M D

Address, 237 Gorsuch Ave

Remarks,

18980001567

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED - 4/27/67

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: GLADYS AMANDA SANDS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 4 1898
4. Place of Birth, (Street and Number) 1106- Mt. Ley Street
5. Full Name of Mother, Mrs. Mollie McClain Sands
6. Mother's Maiden Name, Miss Mollie Franklin
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Mr Charles F. Sands
9. Father's Occupation, Ice Man
10. Father's Birthplace, Hagerstown Maryland

Name of Medical Attendant, or other person who makes this Return Dr. L. Hodgdon

Address, 1235- W- Lafayette Avenue

Remarks,

1898 0001568

...ers and Stationers.

90564

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	March 17th 1898
4. *Place of Birth, (Street and Number)*	57 Gutman Ave
5. *Full Name of Mother,*	Annie E. Armstrong
6. *Mother's Maiden Name,*	Annie Gertrude Mansfield
7. *Mother's Birthplace,*	Balto Co
8. *Full Name of Father,*	Wm Francis Armstrong
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto Co
Name of Medical Attendant, or other person who makes this Return,	Martha Griffen
Address,	2425 York Road
Remarks,	no other Physician

..., City Printers and Stationers.

C 7 8 U 0 0 1 5 6 9

90868

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19th 1898.
4. Place of Birth, (Street and Number) 924 Harford Ave.
5. Full Name of Mother, Mary Slaysman
6. Mother's Maiden Name, " Mullikin
7. Mother's Birthplace, Ireland
8. Full Name of Father, Alexander Slaysman
9. Father's Occupation Gardener
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby. M.D.

Address, 1219 N. Caroline st

Remarks,

S 9 8 U 0 0 1 5 7 0

Said schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90656

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) #1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19, 1898
4. Place of Birth, (Street and Number) 218 Cambridge, bet. S. & Wallaston
5. Full Name of Mother, Carrie [illegible] Michina
6. Mother's Maiden Name, Augustinak
7. Mother's Birthplace, Pole
8. Full Name of Father, Jacob Michina
9. Father's Occupation Workingman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Bal

Address, 218 S. Broad St.

Remarks,

B 9 8 0 0 0 1 5 7 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March. 19th. 1898
4. *Place of Birth, (Street and Number)*	N° 1827 Light St.
5. *Full Name of Mother,*	Annie Feely
6. *Mother's Maiden Name,*	Annie Mc Dermet.
7. *Mother's Birthplace,*	Ireland.
8. *Full Name of Father,*	John Feely.
9. *Father's Occupation*	Saloon Keeper.
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooks
Address,	N° 1828 Light St.
Remarks,	Doing Well

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 8 0 0 0 1 5 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-22-57

90868

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	William Joseph ~~Daley~~ First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 19 98
4. Place of Birth, (Street and Number)	1410 Decatur St
5. Full Name of Mother,	Mrs Nellie Daley
6. Mother's Maiden Name,	" Doyle
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Jeremiah Daley
9. Father's Occupation	~~Ireland~~ Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return,	Miriam Mooney
Address,	1112 Hubert St
Remarks,	

S 9 8 0 0 0 1 5 7 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 90809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 March 1898
4. *Place of Birth, (Street and Number)* 512 Clover St
5. *Full Name of Mother,* Lizz Iggaj
6. *Mother's Maiden Name,* L. Bejna
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Iggaj
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 121 S. Ann St

Remarks, Baltimore Md.

B 9 8 U 0 0 1 5 7 4

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 90860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	18 March - 1898
4. Place of Birth, (Street and Number)	No 352 South wood st
5. Full Name of Mother,	Jennie Evans
6. Mother's Maiden Name,	O'Neill
7. Mother's Birthplace,	Howard County
8. Full Name of Father,	William Evans
9. Father's Occupation,	moulder
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return,	M J Lenan
Address,	No 313 west Baltimore st
Remarks,	not a live birth

8 9 8 0 0 0 1 5 7 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 90861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19th 1898
4. Place of Birth, (Street and Number) 619 Eastle St.
5. Full Name of Mother, Annie Hajek
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Hajek
9. Father's Occupation Carpenter
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Hayes

Address, 203 N Washington St Balt Co.

Remarks,

B 9 8 0 0 0 1 5 7 6

Said schedule shall be certified, duly signed by the ... Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 12 25
4. *Place of Birth, (Street and Number)* Garrett loc 1525
5. *Full Name of Mother,* Anny Jakowski
6. *Mother's Maiden Name,* Wiknowski
7. *Mother's Birthplace,* Danzig W Prussia
8. *Full Name of Father,* Felix Jakowski
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Danzig W Pr.

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske

Address, Garrett loc 1569

Remarks,

Y 980001577

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* Mar 20/98
4. *Place of Birth, (Street and Number)* 1615 Elliott
5. *Full Name of Mother,* Isabella Turner
6. *Mother's Maiden Name,* Anderson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Jno Wm Turner
9. *Father's Occupation* Coffee Chipper
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Dr Boultman

Address, 1502 N Bond

Remarks,

$ 9 8 0 0 0 1 5 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. It shall not be lawful for any person to shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20th 1898
4. Place of Birth, (Street and Number) 2027 Monument St
5. Full Name of Mother, Sadie Adams
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, George Adams
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kerth

Address, 216 W Madison St

Remarks,

B 9 8 U 0 0 1 5 7 9

Act 1898, Ch. 123, Sec. 4. Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 9-7-51.

90865

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Leo Johnson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, March 20th 1898
4. Place of Birth, (Street and Number) 205 E. Cross St.
5. Full Name of Mother, Della Johnson
6. Mother's Maiden Name, Della Butler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Johnson
9. Father's Occupation, Mechanic
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, C. Urban Smith M.D.

Address, 1701 Druid Hill Ave

Remarks,

8980001580

The name of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 90866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20 98
4. *Place of Birth, (Street and Number)* 240 Lyncaster Ave
5. *Full Name of Mother,* Fanny E Taylor
6. *Mother's Maiden Name,* Fanny E Shoemaker
7. *Mother's Birthplace,* Howard Co.
8. *Full Name of Father,* Jacob S Taylor
9. *Father's Occupation* Mill Employe
10. *Father's Birthplace,* Carroll Co.

Name of Medical Attendant, or other person who makes this Return, C J Shilling M D

Address, 3426 Eastern Ave

Remarks,

8 9 8 0 0 0 1 5 8 1

Wm. J. C. Dular[illegible]y Co., City Printers and Stationers.

[illegible] ... register of such birth, and shall enter the same on blank schedule, to be furnished by the Comm... Health. This schedule shall contain a list of the births which have occurred under his or her care ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any sh... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth ; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

th to the office of the Commissioner of Health. In case the birth ... missioner of
shall occur without the attendance of a physician or practioner of midwifery, or should no other p... uring the
attendance upon the mother, immediately thereafter it shall become the duty of the person or paren... ill have
child to report its birth to the Commissioner of Health, in the manner and within the period above requ...
any such person or persons who shall hereafter fail to comply with the provisions of this section shall ... the
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recov...

th day of each and ever...

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	3/20 98.
4. *Place of Birth, (Street and Number)*	Md Gwl Roop
5. *Full Name of Mother,*	Maggie Coyle
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Robt. Coyle
9. *Father's Occupation*	R.R. conductor
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	M L Todd.
Address,	Md Gwl Roop
Remarks,	

8980001582

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* march 20 1879
4. *Place of Birth, (Street and Number)* Wilcat st 1022
5. *Full Name of Mother,* Mollie Jefferson
6. *Mother's Maiden Name,* Mollie Jones
7. *Mother's Birthplace,* Calvert Country
8. *Full Name of Father,* Peter Jefferson
9. *Father's Occupation* Labor
10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other person who makes this Return, Marion Jones

Address, 1337 Wilcat st

Remarks,

8 9 6 0 0 0 1 5 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the person required to make the same, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20th 1898
4. Place of Birth, (Street and Number) 1408 Retreat st
5. Full Name of Mother, Mrs Agnes Cunningham
6. Mother's Maiden Name, Miss Agnes Kelly
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Michael Joseph Cunningham
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Gross St

Remarks,

8 9 8 U 0 0 1 5 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

90870

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

David Harrison ~~Boyer~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th March 1898
4. *Place of Birth, (Street and Number)* 1702 ~~Barnes~~ Barner st
5. *Full Name of Mother,* Lillie B. Boyer
6. *Mother's Maiden Name,* Lillie B Whidner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David H Boyer
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Barnes

Address, 1600 N. 6 Lester st

Remarks, GIVEN BIRTH ABOVE 4-22-53

2-11

2 7 8 U 0 0 1 5 8 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.] 90871

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Balt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Cola

3. Date of Birth, 1898 March 2

4. Place of Birth, (Street and Number) 1526 Latrobe

5. Full Name of Mother, Jane Jones

6. Mother's Maiden Name, Jane Bu

7. Mother's Birthplace, Charles cou

8. Full Name of Father, Thmas Jones

9. Father's Occupation Labr

10. Father's Birthplace, Richman Va

Name of Medical Attendant, or other person who makes this Return, Garlind

Address, 815 Dailor Stre

Remarks, Well as can e

0001586

of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred under his or her care during the
This schedule shall contain a list of the births which have occurred under his or her care during the and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have inferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the edule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ay of each and every month to the office of the Commissioner of Health. In case the birth of any child cur without the attendance of a physician or practioner of midwifery, or should no other person be in ance upon the mother, immediately thereafter it shall become the duty of the person or parents of such o report its birth to the Commissioner of Health, in the manner and within the period above required, and ch person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, March 20 1898
4. Place of Birth, (Street and Number) 406 Ward St
5. Full Name of Mother, Fannie Howard
6. Mother's Maiden Name, Fannie Gail
7. Mother's Birthplace, Maryland
8. Full Name of Father, Silas Howard
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, D J Long

Address, 115 W Lombard St

Remarks,

8980001587

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the Office of the Commissioner of Health. In case no birth shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20 1898
4. Place of Birth, (Street and Number) 1232 River side avenue
5. Full Name of Mother, Emma G. Neubaum
6. Mother's Maiden Name, Emma G. Long
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Archie G. Neubaum
9. Father's Occupation, Labor, B & O. R. R. Repair Shops
10. Father's Birthplace, Hanover Pa

Name of Medical Attendant, or other person who makes this Return, Clemma A. Anderson

Address, 1434 Patapsco St

Remarks,

8980001588

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born March 20th 1898
4. Place of Birth, (Street and Number) 1524 E Fayette St. Baltimore Md.
5. Full Name of Mother, Emmaline Thompson
6. Mother's Maiden Name, Emmaline Manning
7. Mother's Birthplace, Fopkansa Va.
8. Full Name of Father, Nelson Thompson
9. Father's Occupation Lumber Laborer
10. Father's Birthplace, St. Marys County Georgania Broaka

Name of Medical Attendant, or other person who makes this Return

Address, 1751 E. Millikin St.

Remarks, Dr. Mc Shane will you please come and see at the baby's eyes,

C 9 8 0 0 0 1 5 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the [illegible] Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2a 1898
4. *Place of Birth, (Street and Number)* S. Bond St. 838
5. *Full Name of Mother,* Mary Drega
6. *Mother's Maiden Name,* Rosekunska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Simon Drega
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Roth

Address, 838 S. Bond Ste.

Remarks,

8980001590

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 20 March 1898.
4. *Place of Birth, (Street and Number)* 230 Fairmount St.
5. *Full Name of Mother,* Maggie Hackett
6. *Mother's Maiden Name,* M. Lange
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Hackett
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Dr. H. Nelson

Address, 1331 Hull St. Locust Point

Remarks,

8 9 8 0 0 0 1 5 9 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED - 4/5/67

RETURN OF A BIRTH. 90877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME. VICTORIA TURNER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 20th 1898

4. *Place of Birth, (Street and Number)* 740 Penn ave

5. *Full Name of Mother,* Fiffie annie Turner

6. *Mother's Maiden Name,* Fiffie annie Eifert.

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Geo Turner

9. *Father's Occupation* Prof of Music

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Katie Eichler

Address, 605 George St

Remarks,

8 9 8 0 0 0 1 5 9 2

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	March 20th 1898
4.	*Place of Birth, (Street and Number)*	838 N. Carey St
5.	*Full Name of Mother,*	Lottie J. D. Staughton
6.	*Mother's Maiden Name,*	Lottie J. Demary
7.	*Mother's Birthplace,*	Portage Wisc.
8.	*Full Name of Father,*	Neville D. Staughton
9.	*Father's Occupation,*	Electrician
10.	*Father's Birthplace,*	Winona Minn.
	Name of Medical Attendant, or other person who makes this Return,	Thos F. McCormick M.D.
	Address,	1421 Eutaw Place
	Remarks,	

8 7 8 U 0 0 1 5 9 3

Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED - 1/26/68

RETURN OF A BIRTH.

90879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EDNA CHRISTINE CONRAD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 20 '98
4. *Place of Birth, (Street and Number)*	2007 E Lanvale
5. *Full Name of Mother,*	Annie Margt Conrad
6. *Mother's Maiden Name,*	" " Smith
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Edward Conrad
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1601 Broadway
Remarks,	

8 9 8 0 0 0 1 5 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 20th 1898
4. *Place of Birth, (Street and Number)*	#521 Collington Ave
5. *Full Name of Mother,*	Eva Lukecan
6. *Mother's Maiden Name,*	Eva Frye
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Lukecan
9. *Father's Occupation*	Carpenter,
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary A. Portner
Address,	#2413 E. Chester st
Remarks,	

8988001595

Wm. J. C. Dulany Co,. City Printers and Stationers.

one

RETURN OF A BIRTH.

90881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Herbrit Edward ~~Rosmann~~ Rossmann (Jr) First

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, March 20th 1898
4. *Place of Birth*, (Street and Number) 1830 Edmonson Av.
5. *Full Name of Mother*, Cora James Rossmann) Rosmann
6. *Mother's Maiden Name*, " " Nagle
7. *Mother's Birthplace*, Baltimore, Maryland.
8. *Full Name of Father*, Herbert A Rossmann) Rosmann
9. *Father's Occupation*, Clerk
10. *Father's Birthplace*, Parkersburg, W. Virginia.

Name of Medical Attendant, or other person who makes this Return, Charles Getz M.D.
312 N. Carey St.

Address,

Remarks,

8 9 8 U 0 0 1 5 9 6

Wm. J. C. Dulany Co., City Printers and Stationers

the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the
ce of the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to

RETURN OF A BIRTH. 90882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20th 1898
4. *Place of Birth, (Street and Number)* No 1107 Riverside ave
5. *Full Name of Mother,* Ellen Reinhardt
6. *Mother's Maiden Name,* Ellen Tudor
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* William Reinhardt
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Brooklyn N. Y.

Name of Medical Attendant, or other person who makes this Return Catherine Horning

Address, No 1517 Byrd St

Remarks,

&98U001597

Said Certificate shall be filled out by the attending physician or midwife, and delivered to the parent or person having charge of the child within ten days after the birth, and every such physician or midwife shall make a return to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 20th 1898
4. *Place of Birth, (Street and Number)*	No 1427 Riverside Av.
5. *Full Name of Mother,*	Josephine Wehberge.
6. *Mother's Maiden Name,*	Josephine Fangiman
7. *Mother's Birthplace,*	Germaney
8. *Full Name of Father,*	Fred Wehberge.
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Germaney.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooks
Address,	No. 1828. Light St.
Remarks,	Doing Well.

8 7 8 0 0 0 1 5 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the Office of the Commissioners of Health, [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20th 1898.
4. Place of Birth, (Street and Number) No 1716 Hanover St.
5. Full Name of Mother, Dora Smith
6. Mother's Maiden Name, Dora Hoffman
7. Mother's Birthplace, Pensilvania
8. Full Name of Father, George Smith
9. Father's Occupation Engineman C & O.
10. Father's Birthplace, Fredrich Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Brooks

Address, No 1828 Light St.

Remarks, Doing Well

698000001599

Said Certificate shall be delivered by the Physician or Midwife in attendance upon the mother, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 20. 1898
4. *Place of Birth, (Street and Number)*	239 Grindall St
5. *Full Name of Mother,*	Maggie Hackett
6. *Mother's Maiden Name,*	Maggie Lange
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frank E. Hackett
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Atlantic Co N.J.
Name of Medical Attendant, or other person who makes this Return,	Dr M Feinbands MD
Address,	# 1017 S Charles St
Remarks,	

6 9 8 0 0 0 1 6 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 96886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 1.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21 1898
4. Place of Birth, (Street and Number) No 1603 St Joseph st
5. Full Name of Mother, Ethel Clayton
6. Mother's Maiden Name, Ethel Leach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Clayton
9. Father's Occupation, Stone cutter
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Chas Ch. Lauer
Address, No 1059 Harford Ave
Remarks, Bal. Md

1898

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Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 21st March 1895.
4. *Place of Birth, (Street and Number)* 510 Collington Ave
5. *Full Name of Mother,* Louisa Eisenberger
6. *Mother's Maiden Name,* Louisa Addicks
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George William Eisenberger
9. *Father's Occupation* Black Smith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary M. Taylor

Address, 411 South Patterson Park Ave. Balto Md.

Remarks,

6780001602

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21 st 1898
4. Place of Birth, (Street and Number) 22 E Cross St
5. Full Name of Mother, Mary A Hunter
6. Mother's Maiden Name, Mary A Steinkamp
7. Mother's Birthplace, Balt.
8. Full Name of Father, John H Hunter
9. Father's Occupation Tea Dealer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 20 Leadenhall Street

Remarks,

8 9 8 U 0 0 1 6 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21 1898
4. Place of Birth, (Street and Number) 1615 Hollins St.
5. Full Name of Mother, Mary Fitzpatrick
6. Mother's Maiden Name, Mary Lowell
7. Mother's Birthplace, Md
8. Full Name of Father, Harry Fitzpatrick
9. Father's Occupation Laborer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Dr R Conley

Address, 213 S. Eden St

Remarks, Living Well

third day of each and every month to the office of the Commissioner of Health. [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

B 9 8 0 0 0 1 6 0 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

RETURN OF A BIRTH. 90890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21th March 1875
4. Place of Birth, (Street and Number) Mary's Andrew St. L. P.
5. Full Name of Mother, Anna Gruck
6. Mother's Maiden Name, " Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Gruck
9. Father's Occupation " Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie Schaffer

Address, Mary E. Fort Ave. L. P.

Remarks,

8 9 8 0 0 0 1 6 0 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

Note.—In addition to the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered duly signed by the practitioner in the case of a confinement between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21, 1898
4. Place of Birth, (Street and Number) 514 E. Clement
5. Full Name of Mother, Mrs Amelia Burk
6. Mother's Maiden Name, " Wonder
7. Mother's Birthplace, Balto City
8. Full Name of Father, Charles Burk
9. Father's Occupation Ironship builder
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return, John H. Groshans, M.D.

Address, 1303 Light St.

Remarks,

S 7 8 U 0 0 1 6 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the Office of the Registrar of Vital Statistics, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21/91
4. Place of Birth, (Street and Number) 1617 E. Eager St.
5. Full Name of Mother, Theresia Mueller
6. Mother's Maiden Name, " Beinecker
7. Mother's Birthplace, Balto
8. Full Name of Father, Adam Mueller
9. Father's Occupation Cotter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Bienhoter

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

6 9 8 0 0 0 1 6 0 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236

90898

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 21. 1898.
4. Place of Birth, (Street and Number) 2144 Division Street.
5. Full Name of Mother, Mary Ellen Hoffman,
6. Mother's Maiden Name, Boding
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Alphonsus Hoffman.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kamm,

Address, 1712 Eutaw Place

Remarks,

8980001608

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the parents, or in case of their death, absence or inability, of the guardian of each child born in the State of Maryland, to cause the birth of such child to be registered in the office of the Registrar of Vital Statistics of the city or county in which such child was born, within ten days after the birth of such child, if any shall have been born since the last preceding day on which the Registrar's office was open for the transaction of business, and if not, then within ten days after the next day on which said office shall be open; and to cause the full name of each child, if any shall have been given it, and the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother, so far as the same can be ascertained, to be entered in the said office of the Registrar of Vital Statistics; and the Registrar shall enter the same in a book to be kept for that purpose, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation in the form of a certificate between the first and month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation in the form of a certificate between the first and

Section 2. And be it enacted, That the certificate of birth required by the first section of this act shall be signed by the practitioner in attendance upon the mother, if there be such, and if not, then by the mother, father or guardian of such child, or by the householder in whose house the birth occurred, or by the owner, agent or manager of any boarding house, lodging house, tenement house, hotel, apartment house, factory, workshop, public institution or other place where the birth occurred, or by the nurse in attendance, or by any person present at the birth, or by any other person having knowledge of the facts, which certificate shall be delivered, duly signed by the practitioner of Health. In case the birth of any child been conferred, duly signed by the practitioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child

Section 3. And be it enacted, That it shall be the duty of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth occurs, to report to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth occurs, to report to the office of the Commissioner of midwifery, or should no other person be in

Section 4. And be it enacted, That it shall be the duty of the physician or practical nurse in attendance upon any case of birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable. third day of each and every month to the office of the Commissioner of Health. In case no other person be in third day of each and every month of a physician or practical nurse the duty of the person above required, and shall occur without the attendance of a physician or practical nurse it shall become the duty of the person above required, and

RETURN OF A BIRTH. 90894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21 A 1898
4. *Place of Birth, (Street and Number)* 2014 Fayette Court.
5. *Full Name of Mother,* Anna Westbrick.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Westbrick
9. *Father's Occupation* Tayler
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Hoyle

Address, 205 N Washington Ave

Remarks,

8980001609

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21. 1898.
4. Place of Birth, (Street and Number) 1416 E. Lombard st.
5. Full Name of Mother, Sarah Schiffer
6. Mother's Maiden Name, " Finkel
7. Mother's Birthplace, Austria
8. Full Name of Father, Joseph Schiffer
9. Father's Occupation Grocery Agent
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Wm. E. Scherman

Address, 42 Altemarle st.

Remarks,

8980001610

Wm. J. C. Dulany Co., City Printers and Stationers.

Physicians, midwives or other persons in attendance upon births are required to report the same as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 5-25-64

RETURN OF A BIRTH. 90896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Abe SHERMAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 21, 1896.
4. Place of Birth, (Street and Number) 1100 Patterson ave
5. Full Name of Mother, Mary (~~Schurman~~) SHERMAN
6. Mother's Maiden Name, " Goodman
7. Mother's Birthplace, Russia
8. Full Name of Father, Moses (~~Schurman~~) SHERMAN
9. Father's Occupation Shoemaker
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs E Schurman

Address, 42 Allemande dr.

Remarks,

8980001611

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21st 98
4. Place of Birth, (Street and Number) 1129 E. Lexington
5. Full Name of Mother, Beckie Shinsitch
6. Mother's Maiden Name, Beckie Bender
7. Mother's Birthplace, Nasia Russ
8. Full Name of Father, Mendal Shinsitch
9. Father's Occupation Tailor
10. Father's Birthplace, Nasia Russ.

Name of Medical Attendant, or other person who makes this Return, Retta Klamansky

Address, 1022 E. Lombard St.

Remarks,

8 7 8 U 0 0 1 6 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Should any child be born alive within the limits of Baltimore City, it shall be the duty of the father, mother, householder, nurse, midwife, or other person present at the birth, to report the same within ten days thereafter, to the Commissioner of Health, and the said report shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 21st.
4. *Place of Birth, (Street and Number)*	3rd Ave Hampden
5. *Full Name of Mother,*	Ida Marshall
6. *Mother's Maiden Name,*	Ida Stadi
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	A. S. Marshall
9. *Father's Occupation*	Undertaker + Embalmer
10. *Father's Birthplace,*	Balto Co.
Name of Medical Attendant, or other person who makes this Return,	Dr Algire
Address,	516 - 5th ave.
Remarks,	

8 9 8 0 0 0 1 6 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

1256.]

RETURN OF A BIRTH. 90899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21, 1898.
4. Place of Birth, (Street and Number) 315 sherwood street
5. Full Name of Mother, Bettie Covey city
6. Mother's Maiden Name, Reeves
7. Mother's Birthplace, prince William county Va
8. Full Name of Father, George W Cosby
9. Father's Occupation, ironmoulder
10. Father's Birthplace, Lynch Burg Virginia

Name of Medical Attendant, or other person who makes this Return, Martha E. Irving

Address, 575 Hickory Ave. Hampden Balto Md.

Remarks,

B 9 8 U 0 0 1 6 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	515 W. Preston
4. *Place of Birth, (Street and Number)*	Mar. 21 '98
5. *Full Name of Mother,*	Susie Burney.
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Jno. W. Hanson
9. *Father's Occupation*	Lab.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	M L T-d
Address,	Md. Gen Hosp
Remarks,	

8980001615

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1/2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21st of March 94
4. *Place of Birth, (Street and Number)* 2124 Calverton Road
5. *Full Name of Mother,* Anna Hammer
6. *Mother's Maiden Name,* Anna Bichler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Hammer
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 216 N. Pratt St

Remarks,

B 7 8 U 0 0 1 6 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1238.]

RETURN OF A BIRTH. 90902

GIVEN NAME ADDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva Theresa Heil

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	21. March. 1898
4. Place of Birth, (Street and Number)	2029. Fairmount Ave.
5. Full Name of Mother,	Rosa Heil.
6. Mother's Maiden Name,	Rosa Kirchner.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Wm Heil.
9. Father's Occupation	Brigslayer.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary Klass.
Address,	19 North Wolfe St.
Remarks,	

8980001617

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

RETURN OF A BIRTH. 90903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 March 1898
4. Place of Birth, (Street and Number) 1933 Richmond St.
5. Full Name of Mother, Maria Rudiger
6. Mother's Maiden Name, Rudiger
7. Mother's Birthplace, Germany
8. Full Name of Father, Leonhard Rudiger
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Eff. Myers

Address, 1321 Light St. Locust Point.

Remarks,

8780016118

Wm. J. C. Dulany Co,. City Printers and Stationers.

The Name of the Child must be ascertained. The full name of each Child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 21-98.
4. *Place of Birth, (Street and Number)* 413 W. Biddle St City.
5. *Full Name of Mother,* Mrs. Eva Nelvin
6. *Mother's Maiden Name,* Miss Eva Smith
7. *Mother's Birthplace,* Eastern Md
8. *Full Name of Father,* Harry A. Nelvin
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, R.H. Johnson M.D.

Address, 413 W Biddle St City

Remarks,

8980001619

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21st 1898.
4. *Place of Birth, (Street and Number)* 1623 E. Madison st.
5. *Full Name of Mother,* Viola D. Corban
6. *Mother's Maiden Name,* " " Booth
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Elmer W. Corban
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Balto. County

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby

Address, 1219 N. Caroline st.

Remarks,

8980001620

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90906

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 March 1895.
4. *Place of Birth, (Street and Number)* 206 Fairmount Ave
5. *Full Name of Mother,* Sarah Fennoff
6. *Mother's Maiden Name,* Sarah Hardaway
7. *Mother's Birthplace,* Talbot County
8. *Full Name of Father,* William Fennoff
9. *Father's Occupation* Paperhanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Hicks

Address, 207 N. Castle St.

Remarks,

6980001621

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

RETURN OF A BIRTH.

90907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 March 1898
4. Place of Birth, (Street and Number) No 1202 Forest Ave. E. B.
5. Full Name of Mother, Julia Kwiatkowski
6. Mother's Maiden Name, " Jarnofski
7. Mother's Birthplace, Polan
8. Full Name of Father, John Kwiatkowski
9. Father's Occupation Laborer
10. Father's Birthplace, Polan

Name of Medical Attendant, or other person who makes this Return, Mrs Lizzie S. Laffler

Address, No 1208 E. Ford Ave E B

Remarks,

8 7 8 0 0 0 1 6 2 2

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 21 1898
4. *Place of Birth, (Street and Number)* Montgomery St 17
5. *Full Name of Mother,* Lena C. Ott
6. *Mother's Maiden Name,* C. Praeger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Franz Ott
9. *Father's Occupation* Laber.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 810 Leadenhall Street

Remarks,

24 8 U 0 0 1 6 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90964

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Mch. 21 st, 1898.
4. *Place of Birth, (Street and Number)* 10 N. Bethel St.
5. *Full Name of Mother,* Minnie Wicks
6. *Mother's Maiden Name,* Minnie Dillard
7. *Mother's Birthplace,* Northampton Co, Va.
8. *Full Name of Father,* Robert Wicks
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Northampton Co. Va.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters, M D.

Address, Johns Hopkins Hosp, Baltimore Md.

Remarks,

8980001624

Wm. J. C. Dulany Co,. City Printers and Stationers.

...as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March Dec 21 1898.
4. Place of Birth, (Street and Number) 111 Piney St South
5. Full Name of Mother, Mary it Ann Finerty
6. Mother's Maiden Name, Cooney
7. Mother's Birthplace, maryle
8. Full Name of Father, John martin Finerty
9. Father's Occupation laber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Learsman

Address, 1101 Chesapeake street.

Remarks,

8980001625

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

RETURN OF A BIRTH. 90911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 22d 1878.

4. *Place of Birth, (Street and Number)* No. 2292 Gleaveland Place.

5. *Full Name of Mother,* Bell Marshall.

6. *Mother's Maiden Name,* Myers

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Alexander Marshall.

9. *Father's Occupation* Scene Shifter in theatre.

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mamie V. C. Kennedy, Grad. Phila.

Address, # 2414 E. Biddle St.

Remarks,

S 9 8 0 0 0 1 6 2 6

been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child, Robert Leroy Sadler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Leroy

1. Sex, (state whether male or female) b

2. Race or Color, (if not of the white race)

3. Date of Birth, 22 March 1898

4. Place of Birth, (Street and Number) 633 Ensor st

5. Full Name of Mother, Alice Sadler

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Sadler

9. Father's Occupation painter

10. Father's Birthplace, Baltim.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Cent. Av.

Remarks,

8980001627

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 90913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 22/98
4. Place of Birth, (Street and Number) 2017 Payson St
5. Full Name of Mother, Katie Haley
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ed Haley
9. Father's Occupation ~~Foreman~~ Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C Hayer

Address, 724 Hollins St

Remarks,

8980001628

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22th 1898
4. *Place of Birth, (Street and Number)* 527 N. Fremont Av
5. *Full Name of Mother,* Ellen McLaughlin
6. *Mother's Maiden Name,* Ellen Coulter
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Charles Leonard McLaughlin
9. *Father's Occupation* Electrician
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Mrs S Hunter

Address, 213 N Appleton St

Remarks,

£98U001629

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 90916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 22/58
4. *Place of Birth, (Street and Number)* 908 Boyd St
5. *Full Name of Mother,* Mary Beyer
6. *Mother's Maiden Name,* " Grainy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lenard Beyer
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C Hayer

Address, 924 Hollins St

Remarks,

8980001630

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.

90916

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 22nd 1898
4. Place of Birth, (Street and Number) 1708 Baker st
5. Full Name of Mother, Edna Leaf
6. Mother's Maiden Name,
7. Mother's Birthplace, Cherry Ridge
8. Full Name of Father, Frank Compton
9. Father's Occupation Telegrapher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Lowry

Address, 1807 Lemmon st.

Remarks,

C 980001631

Wm. J. C. Dulany Co., City Printers and Stationers.

If any child born alive within the limits of this City, which may have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22 nd 1898
4. Place of Birth, (Street and Number) Baltimore 003 Cross St
5. Full Name of Mother, Mrs Emma Layton
6. Mother's Maiden Name, Emma Reiter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr Arthur Layton
9. Father's Occupation Plaster
10. Father's Birthplace, Fredericksburg Va.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kestlers

Address, 512 W Hamburg St

Remarks,

8 9 8 4 0 0 1 6 3 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236

RETURN OF A BIRTH. 90918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White American
3. Date of Birth, March 22. 1898
4. Place of Birth, (Street and Number) 212 Bolton Ave.
5. Full Name of Mother, Fredirika Morris.
6. Mother's Maiden Name, " Goldstein
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Joseph Morris.
9. Father's Occupation Commercial Traveller
10. Father's Birthplace, Louisville Ky.

Name of Medical Attendant, or other person who makes this Return, W. F. Miller

Address, 2126 Bolton Ave

Remarks,

8980001633

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH.

90919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	March 22nd 05
4. *Place of Birth, (Street and Number)*	2608 Fawcis St
5. *Full Name of Mother,*	A. L. Mallonee
6. *Mother's Maiden Name,*	" " Gardner
7. *Mother's Birthplace,*	Balto Co.
8. *Full Name of Father,*	Geo. Mallonee
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	L. F. Free
Address,	2470 D. K. Ave
Remarks,	

8980001634

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This section must contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Charles Thurnherr Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, March 22 1898.

4. Place of Birth, (Street and Number) 2437 Eutaw St.

5. Full Name of Mother, Margie E. Thurnherr

6. Mother's Maiden Name, Oelberger

7. Mother's Birthplace, Md. Co. Md.

8. Full Name of Father, Chas. F. Thurnherr

9. Father's Occupation, Plumber

10. Father's Birthplace, Md. Co. Md.

Name of Medical Attendant, or other person who makes this Return, C. N. Christian M.D.

Address, 1801 Madison Ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1898 0001635

Every Physician or Midwife in attendance upon a birth, and every person who shall make a return of a birth in accordance with the provisions of this section, shall state the name, if any, sex, color, the full name and occupation of its parents, the date and place of birth, and the number of each child, if any, of the mother, living and dead, and shall deliver a certificate containing said facts to the parent or parents of such child, or person having charge of such child. If any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 March 1898
4. *Place of Birth, (Street and Number)* 1417 E Eager St
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Margaret Worden
7. *Mother's Birthplace,* Bonnie Ire.
8. *Full Name of Father,* A Marcus Lemmerman
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Buckingham Co Va

Name of Medical Attendant, or other person who makes this Return, Mrs D Neil Medwedeff

Address, 1417 E Eager St

Remarks,

E 98 U 0 0 1 6 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

90922

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Margaret Ellen Gonder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 22 1898
4. Place of Birth, (Street and Number) 24 E. Grass St
5. Full Name of Mother, Jno. A. Gonder
6. Mother's Maiden Name, Miss A. M. Caffery
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Jno. A. Gonder
9. Father's Occupation Watchman
10. Father's Birthplace, Frederick Co. Md

Name of Medical Attendant, or other person who makes this Return, Katie Meisel

Address, 800 Leadenhall Street.

Remarks,

8480001637

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* ~~202 S. Madeira St~~ March 22nd, 1898.
4. *Place of Birth, (Street and Number)* 242 S. Madeira St.
5. *Full Name of Mother,* Fanny Mills
6. *Mother's Maiden Name,* Fanny Banks
7. *Mother's Birthplace,* Dorchester Co., Md.
8. *Full Name of Father,* Saml. Mills
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters

Address, Johns Hopkins Hosp. Baltimore Md

Remarks,

B 9 8 0 0 0 1 6 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH.

90924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22nd 1895.
4. *Place of Birth, (Street and Number)* #2235 Eastern Ave.
5. *Full Name of Mother,* Catherine Stauffer
6. *Mother's Maiden Name,* Gebhardt
7. *Mother's Birthplace,* Easton Md.
8. *Full Name of Father,* Winston St. Stauffer
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Worthington Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Stauffer

Address, #611 S. Patterson Pk. Ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 8 0 0 0 1 6 3 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90936

GIVEN NAME ADDED 10-11-56

Name: Hilda Brager

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	March 22/91
4. *Place of Birth, (Street and Number)*	2023 Madison Ave
5. *Full Name of Mother,*	Adelaide ~~Adler~~ Brager
6. *Mother's Maiden Name,*	" Adler
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Louis L. Brager
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Va.
Name of Medical Attendant, or other Person who makes this Return.	Frank G Murphy M.D.
Address,	1119 E Balto St.
Remarks,	

6 7 8 4 0 0 1 6 4 0

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

90926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 22nd 1898
4. *Place of Birth, (Street and Number)*	No 1835 Riverside St.
5. *Full Name of Mother,*	Mary E Wain
6. *Mother's Maiden Name,*	Mary E Schwary
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Louis M. Wain
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mr Eliza Brooks
Address,	No 1828 Light St.
Remarks,	Dang Well

8 9 8 U 0 0 1 6 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 96927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22 1898
4. Place of Birth, (Street and Number) 864 N. Howard St
5. Full Name of Mother, Carmela Rinza Restivo
6. Mother's Maiden Name, " Rinza
7. Mother's Birthplace, Italy
8. Full Name of Father, Mayhan Restivo
9. Father's Occupation Huckster
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Dr Mary Marie Romano

Address, 302 N. High St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

B 9 8 0 0 0 0 1 6 4 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27th 1898.
4. Place of Birth, (Street and Number) 411 N Washington St
5. Full Name of Mother, Annie Engel.
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Harry Engel.
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kepler

Address, 411 N Washington St

Remarks,

B 7 8 U 0 0 0 1 6 4 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

Neglect to report the birth of any child, or to ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

90929

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 March 1895
4. Place of Birth, (Street and Number) 136 Durham St
5. Full Name of Mother, Basily Pawlowski
6. Mother's Maiden Name, B Olenska
7. Mother's Birthplace, Germany
8. Full Name of Father, Jan Pawlowski
9. Father's Occupation Tabacco
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Regier

Address, 721 S. Ann St

Baltimore Md.

Remarks,

T 8 9 8 0 0 0 1 6 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur upon the mother, immediately after the birth of any child, it any shall have attendance upon its birth to the Commissioner it shall become and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have

RETURN OF A BIRTH.

90920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22 H 898
4. Place of Birth, (Street and Number) 212 Duncan alley
5. Full Name of Mother, Barbara Matuska
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, John Matuska
9. Father's Occupation Steveder
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kaplan

Address, 206 N Washington St

Remarks,

B 7 8 U 0 0 1 6 4 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22 H 1898
4. Place of Birth, (Street and Number) 2032 Ashland Ave.
5. Full Name of Mother, Annie Bral
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Bral.
9. Father's Occupation Taylor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Rogers

Address, 202 N Washington St Balty.

Remarks,

8 9 8 0 0 0 1 6 4 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29 1898
4. *Place of Birth, (Street and Number)* S. Bond St. 724
5. *Full Name of Mother,* L. B. Annie Kunz
6. *Mother's Maiden Name,* Majek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Kunz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Ruth

Address, 838 S Bond St.

Remarks,

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1898 0 0 0 1 6 4 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 9098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 22, 1898
4. *Place of Birth, (Street and Number)* 721 S Dallas St.
5. *Full Name of Mother,* Katie Jakodemsky
6. *Mother's Maiden Name,* Sontesak
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Michael Jakodemsky
9. *Father's Occupation* Stevedor
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Ruth

Address, 838 S Bond St

Remarks,

B 9 8 U 0 0 1 6 4 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

Owe

RETURN OF A BIRTH. 90934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Herman B. Herman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22nd 98
4. Place of Birth, (Street and Number) ~~H~~ 222 N. Grant St.
5. Full Name of Mother, Babie (Kerman) Herman
6. Mother's Maiden Name, Babie Greisman
7. Mother's Birthplace, Dimaritz Rus.
8. Full Name of Father, Hyman (Herman) Herman
9. Father's Occupation Tailor
10. Father's Birthplace, Nararusa Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavarsky

Address, 1022 E. Lombard St

Remarks,

8780001649

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 22. 1898
4. *Place of Birth, (Street and Number)* 1011 E Lombard St
5. *Full Name of Mother,* Sarah Salganik
6. *Mother's Maiden Name,* " Rashnoff
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Wolf Salganik
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scharman

Address, 42 Albemarle W.

Remarks,

B 9 8 0 0 0 1 6 5 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th March 23rd 1898
4. *Place of Birth, (Street and Number)* 210 S. Castle St.
5. *Full Name of Mother,* Katie Adams
6. *Mother's Maiden Name,* Kriest
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Adams
9. *Father's Occupation* Engineer on tacke boat
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary S. M.

Address, 831 S. Bond St.

Remarks,

8980001651

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 121 N Wolfe Street
4. Place of Birth, (Street and Number) March 23d 1898
5. Full Name of Mother, Lula Pennewitt
6. Mother's Maiden Name, Robinson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Pennewitt
9. Father's Occupation Solicitor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Kroh Midwife

Address, 1922 E Fayette Street

Remarks,

898U001652

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 March 1898
4. Place of Birth, (Street and Number) 628 Castle st
5. Full Name of Mother, Theresa Volgert
6. Mother's Maiden Name, = Muller
7. Mother's Birthplace, Balt.
8. Full Name of Father, Georges Volgert
9. Father's Occupation -
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N Cent. Av.

Remarks,

6980001653

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

336.]

RETURN OF A BIRTH. 90989

GIVEN NAME ADDED 11-18-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles ~~Albert~~ Wheat

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23 1898
4. *Place of Birth, (Street and Number)* #40 Stone Hill
5. *Full Name of Mother,* Susan M. Wheat
6. *Mother's Maiden Name,* " " Baker
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jno. M. Wheat
9. *Father's Occupation* Mill hand
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm. H. Fortneman M.D.

Address, #102 Chestnut Ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 8 U 0 0 1 6 5 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Name James Frank Cathell

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2. 1895
4. Place of Birth, (Street and Number) 1022 Riverside Ave. Baltimore
5. Full Name of Mother, Mary Katherine Cathell.
6. Mother's Maiden Name, Eth
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mitchell Kershaw Cathell.
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore, Co.

Name of Medical Attendant, or other person who makes this Return, Margaret A Lambert

Address, 1 Evans. & 1022

Remarks, Mother. do Baby. do Well

6980001655

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23. 1898
4. Place of Birth, (Street and Number) 2633 Mary St.
5. Full Name of Mother, Jennie Jeffe
6. Mother's Maiden Name, Clarke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Jeffe
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Co. Faulstich

Address, 2859 Fulton Ave

Remarks,

8980001654

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23/98
4. Place of Birth, (Street and Number) 254 S. Chappel Str.
5. Full Name of Mother, Sarah Litchgey
6. Mother's Maiden Name, " Bartegge
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Herman Litchgey
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8980001657

Wm. J. C. Dulany Co,. City Printers and Stationers.

90943

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 March 1895
4. *Place of Birth, (Street and Number)* 713 Bond St
5. *Full Name of Mother,* Annie Stachowska
6. *Mother's Maiden Name,* A Kuryan
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* John Stachowski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 S. Ann St

Baltimore Md

Remarks,

1898000016588

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

9092d

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 March 1895
4. *Place of Birth, (Street and Number)* 2214 Linden Ave St
5. *Full Name of Mother,* Lefe Jancuk
6. *Mother's Maiden Name,* L Isaarevics
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jmary Jancuk
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mary Regier

Address, 121 S. Linn St

Baltimore Md

Remarks,

898U001659

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall have jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23d March 1898
4. *Place of Birth, (Street and Number)* 819 Central Ave
5. *Full Name of Mother,* Annie Zoeller
6. *Mother's Maiden Name,* Annie Bracher
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Zoeller
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary A. [illegible] Midwife

Address, 1917 E. Eager St

Remarks,

8 9 8 0 0 0 1 6 6 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED -3/15/68

RETURN OF A BIRTH. 90946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARIE FLORENCE TURNBAUGH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23 March 1898
4. *Place of Birth, (Street and Number)* 437 E Fenton St
5. *Full Name of Mother,* Agnes Turnbaugh
6. *Mother's Maiden Name,* Agnes Trainor
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* Jacob Turnbaugh
9. *Father's Occupation* Horseshoer
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mary A Bob Medwife

Address, 437 E Fenton St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8988001661

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* March the 2 3rd 98
4. *Place of Birth, (Street and Number)* Penn st & 30th
5. *Full Name of Mother,* Lucy Ewing
6. *Mother's Maiden Name,* Lucy Edwards
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Patrick Fowler
9. *Father's Occupation* Lucksta
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E. Fuller

Address, 1922 Mikin Ave

Remarks,

8980001662

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: BENJAMIN DAVID ~~POLACK~~ POLLACK

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 March 1898
4. Place of Birth, (Street and Number) 965 Low St
5. Full Name of Mother, Mary Pollack
6. Mother's Maiden Name " Henkelbach
7. Mother's Birthplace Poland Russia
8. Full Name of Father, Joseph Polack
9. Father's Occupation Cap maker
10. Father's Birthplace, Poland Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1302 E Lexington

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8980001663

...shall be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

909219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23d March 1890

4. Place of Birth, (Street and Number) 816 Cannon St

5. Full Name of Mother, Mary Shane

6. Mother's Maiden Name, Mary Metys

7. Mother's Birthplace, Germany

8. Full Name of Father, John Shane

9. Father's Occupation Gator

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton St

Remarks,

8780001664

been committed; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 90980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23rd 1898
4. Place of Birth, (Street and Number) No 1308 Sargent St
5. Full Name of Mother, Sophia L Carlson
6. Mother's Maiden Name, Sophia L Linoll
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John J Carlson
9. Father's Occupation Driver
10. Father's Birthplace, Carroll County Md

Name of Medical Attendant, or other person who makes this Return, A. M. Bischoff

Address, c/o 731 N. Peter St.

Remarks,

8980001665

Wm. J. C. Dulany Co., City Printers and Stationers.

233.]

RETURN OF A BIRTH. 90964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 23 1894
4. Place of Birth, (Street and Number) #267 Chestnut Ave
5. Full Name of Mother, Rachael E. Miller
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Dallas
8. Full Name of Father, Albert B Miller
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Fahrenbach M.D.

Address, #142 Chestnut Ave

Remarks,

8 9 8 0 0 0 1 6 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* Mar 23 98
4. *Place of Birth, (Street and Number)* 170 Lemont Ave
5. *Full Name of Mother,* Sarah C Bond
6. *Mother's Maiden Name,* Martin
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles E Bond
9. *Father's Occupation* Tin Worker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, [illegible] M.D.

Address, 1512 Mond Ave

Remarks,

8 9 8 U 0 0 1 6 6 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

90968

GIVEN NAME ADDED 9-29-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth Augusta ~~Schmiedicke~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 23 rd 1898
4. Place of Birth, (Street and Number) 2724 Boston street
5. Full Name of Mother, Martha Schmiedicke
6. Mother's Maiden Name, Martha Wittstock
7. Mother's Birthplace, Buchow Germany
8. Full Name of Father, Paul Schmiedicke
9. Father's Occupation Labor
10. Father's Birthplace, Berlin Germany

Name of Medical Attendant, or other person who makes this Return, Mrs P Liersmann.

Address, 1107 Chesapeake st.

Remarks,

8780001668

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nellie Isabel Bice

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23th 1898
4. Place of Birth, (Street and Number) No 2012 W Lanvale Balto Md
5. Full Name of Mother, Lydia V. Bice
6. Mother's Maiden Name, Addie V Harvey
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Frank B Bice
9. Father's Occupation, Surveyor C.E.
10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, GIVEN NAME ADDED. 8-21-53 L.W

B 9 8 U 0 0 1 6 6 9

The same is to be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH.

90958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 23rd 1898
4. *Place of Birth, (Street and Number)*	#320 Lucan St
5. *Full Name of Mother,*	Mary Connolly
6. *Mother's Maiden Name,*	Mary Welch
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Coleman Connolly
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#241 S. Chester St.
Remarks,	

8 7 8 0 0 0 1 6 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

The Statute sets forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 90966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 23 1898
4. *Place of Birth, (Street and Number)* 235 N. Dallas St
5. *Full Name of Mother,* Pauline Hill
6. *Mother's Maiden Name,* Foyd
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Theodore Hill
9. *Father's Occupation* Cap-Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fort St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 7 8 0 0 0 1 6 7 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

RETURN OF A BIRTH. 90967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each Certificate of Birth must state the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 23 1894
4. *Place of Birth, (Street and Number)* 90½ President St
5. *Full Name of Mother,* Virginia Schiado
6. *Mother's Maiden Name,* Sario
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Antonio Schiado
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1121 E. Fait St.

Remarks,

8 4 8 U 0 0 1 6 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 90968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 23-98
4. *Place of Birth, (Street and Number)*	1839 E Biddle
5. *Full Name of Mother,*	Annie M. Gorman
6. *Mother's Maiden Name,*	" Sneft
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas. B. Gorman
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Pa.
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	2030 N Washington
Remarks,	

8980001673

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 90909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 24. 1898
4. Place of Birth, (Street and Number) 1251 Light.
5. Full Name of Mother, Mrs. Annie Hoffman
6. Mother's Maiden Name, " Aschemeier
7. Mother's Birthplace, Balto city
8. Full Name of Father, Benj Hoffman
9. Father's Occupation Bookkeeper
10. Father's Birthplace, New York State

Name of Medical Attendant, or other person who makes this Return, John H. Grosbans M.D.

Address, 1303 Light St.

Remarks,

8 7 8 U O O 1 6 7 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-22-63

RETURN OF A BIRTH. 90960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Meta Scheuerman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Mar. 24th 1898.
4. Place of Birth, (Street and Number) 1340 Ainsquith St.
5. Full Name of Mother, Elizabeth Scheuerman.
6. Mother's Maiden Name, Elizabeth Cossens.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles G. Scheuerman.
9. Father's Occupation, Stone Keeper.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Alfred B. Giles M.D.

Address, 1340 Ainsquith St.

Remarks,

B98U001675

Wm. J. C. Dulany Co., City Printers and Stationers.

The name and residence, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 90961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th,

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Thursday March 24th, 1898

4. Place of Birth, (Street and Number) 838 Harford Ave.

5. Full Name of Mother, Katharine E. W. Satterfield

6. Mother's Maiden Name, Katharine A. White,

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, Edward L. Satterfield

9. Father's Occupation Grocery Packer.

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton MD

Address, S. W. Cor. Calvert & Preston Sts

Remarks,

8 9 8 U 0 0 1 6 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24 1898
4. Place of Birth, (Street and Number) 516 S Bethel St.
5. Full Name of Mother, Rosie Lankenau
6. Mother's Maiden Name, Cedar
7. Mother's Birthplace, Pole
8. Full Name of Father, Frank Lankenau
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, 838 S Bond St

Remarks,

8980001677

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth which shall hereafter occur in Baltimore City shall be reported to the Commissioner of Health, within ten days after the birth shall have occurred, by the physician or midwife in attendance upon the birth, or by the person who shall have been employed to perform the duties of either physician or midwife, and in case no physician or midwife shall have been employed, then by the father of the child, or by the mother, if able, or by the householder in whose house the birth shall occur, or by the nearest relative present, or by the person having charge of the child, which report shall be made in the form of a certificate to be furnished by the Commissioner of Health, and shall contain the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the number (if not the first) which has been conferred upon the child. Every physician or midwife who shall have been employed to attend upon any birth shall deliver to the person required to report the same a certificate in the form aforesaid, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24 1898
4. Place of Birth, (Street and Number) 133 Rose St
5. Full Name of Mother, Minnie Herman
6. Mother's Maiden Name, Ejan
7. Mother's Birthplace, Germany
8. Full Name of Father, August Herman
9. Father's Occupation Lehrman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Dell

Address, 838 S. Broadway

Remarks,

8980001678

Wm. J. C. Dulany Co., City Printers and Stationers.

If any child born in Baltimore City shall die without having been registered, the name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th 98
4. Place of Birth, (Street and Number) 1099 E. Lombard St.
5. Full Name of Mother, Beckie Wagman
6. Mother's Maiden Name, Beckie Sarotsky
7. Mother's Birthplace, Vasilcove Russ.
8. Full Name of Father, ~~Stalin Russ~~. Pinkes Wagman
9. Father's Occupation Milkman
10. Father's Birthplace, Stalin Russ.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1022 E. Lombard St.

Remarks,

8980001679

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH.

90966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Nolan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 24th 1898.
4. Place of Birth, (Street and Number)	444 Gwynn Ave.
5. Full Name of Mother,	~~Mary Sullivan~~ Nolan.
6. Mother's Maiden Name,	Mary Sullivan
7. Mother's Birthplace,	Ireland.
8. Full Name of Father,	Michael F. Nolan
9. Father's Occupation	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	Martha Griffin
Address,	2425 York Road.
Remarks,	

1 8 9 8 U 0 0 1 6 8 0

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

May Edna Sprankling

No. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* ~~Male~~ Female

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* March 24/96

4. *Place of Birth, (Street and Number)* 934 N. Chester St

5. *Full Name of Mother,* Anna [illegible] Sprankling

6. *Mother's Maiden Name,* Kraus

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Oliver [illegible] Sprankling

9. *Father's Occupation* Cigarmaker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1907 E. Monument St

Remarks, CERTIFICATE CORRECTED 5-7-52

8 9 8 U 0 0 1 6 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 90867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 24th 1898.
4. *Place of Birth, (Street and Number)*	Baltimore City 1200 W. Lombard St.
5. *Full Name of Mother,*	Annie Louisa Brown.
6. *Mother's Maiden Name,*	Kuckmann.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Henry Brown.
9. *Father's Occupation*	Shipping Clerk.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Dr. Henry Kraning
Address.	1129 Shroeder St.
Remarks.	Mother and Child are doing well.

8980001682

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24th March 1898
4. *Place of Birth, (Street and Number)* 202 Lindall St
5. *Full Name of Mother,* Annie Krause
6. *Mother's Maiden Name,* Kattell
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis Krause
9. *Father's Occupation* Brush maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 650 E Fayette ave

Remarks,

8980001683

Wm. J. C. Dulany Co,. City Printers and Stationers.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 of March 1898
4. Place of Birth, (Street and Number) 2817 Eastern Ave.
5. Full Name of Mother, May Baile
6. Mother's Maiden Name, May Lindmore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Baile
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return, Mary G. Swayne

Address, 821 Canton Ave

Remarks,

8480001684

Wm. J. C. Dulany Co,. City Printers and Stationers.

Each certificate must state the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	March 24. th 1898.
4. Place of Birth, (Street and Number)	Balto # 628 S. Fremont st.
5. Full Name of Mother,	Lula Elizebeth Daugherty.
6. Mother's Maiden Name,	Lula Elizebeth Johnson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Prince Daugherty.
9. Father's Occupation	Teamster
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Susie H Walters.
Address,	# 828. St Peter st.
Remarks,	

8 7 8 U 0 0 1 6 8 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

9097/

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, March 24. 1898.
4. Place of Birth, (Street and Number) 1448 Druid St.
5. Full Name of Mother, Sadie Simms
6. Mother's Maiden Name, Sarah Houston
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Simms
9. Father's Occupation Labor.
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Grace Harris

Address, 818 Stockholm St.

Remarks,

B 2 8 U 0 0 1 6 8 6

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, 24 March 1898
4. Place of Birth, (Street and Number) 1512 Madison st
5. Full Name of Mother, Francis Thackett
6. Mother's Maiden Name, Michel
7. Mother's Birthplace, Balt.
8. Full Name of Father, Patrick Thackett
9. Father's Occupation clerk
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Cent Ave.

Remarks,

B 9 8 0 0 0 1 6 8 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

1. Sex, (state whether male or female) Male James T. O'Hara
2. Race or Color, (if not of the white race) White
3. Date of Birth, August the 2nd 1898
4. Place of Birth, (Street and Number) 201 N. Eastern Ave
5. Full Name of Mother, Marie C. Hara
6. Mother's Maiden Name, Marie Neumon
7. Mother's Birthplace, Germany
8. Full Name of Father, Timothy C. Hara
9. Father's Occupation Gardner
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs P. Lierzemann.

Address, 1101 Chesapeake Ave.

Remarks, Full name of child will be given by father upon applying for a transcript

Timothy C. Hara
Father

August 25-1917

D 0 1 6 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th 1898.
4. Place of Birth, (Street and Number) 2011 Jefferson St
5. Full Name of Mother, Bertha Smith
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, George Smith
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopti

Address, 20 N Washington St.

Remarks,

8980001689

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24 March 1898
4. *Place of Birth, (Street and Number)* 2102 Towson St
5. *Full Name of Mother,* Mary Brady
6. *Mother's Maiden Name,* Mary Reddy
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thomas Brady
9. *Father's Occupation* Horseshoer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs J Burk Midwife

Address, 1917 E. Eager St

Remarks,

8 9 8 0 0 0 1 6 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-2-66

RETURN OF A BIRTH

A-90976

To the Office of Registrar of Vital Statistics, Board of Health, Ba

Name, Maude Mildred H. Elster 4th

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th 1898
4. Place of Birth, (Street and Number) 2820 Huntingdon
5. Full Name of Mother, Mrs. James R. Webster
6. Mother's Maiden Name, Ella E. Conner
7. Mother's Birthplace, Port Deposit, Cecil Co., md
8. Full Name of Father, James R. Webster
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, F.B. Marden M.D

Address, 2910 Huntingdon Ave

Remarks, Normal L.O.A. case; both do.

B 8 0 0 0 1 6 9 1

Ward, City

Given on a blank schedule, to be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and place of birth, and the occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female -
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mch. 24th '98.
4. Place of Birth, (Street and Number) 643 S. Paca St.
5. Full Name of Mother, Annie Pauline Nuckols
6. Mother's Maiden Name, " " Walker
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Cyrenious Lunsford Nuckols,
9. Father's Occupation Physician
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, C. L. Nuckols M.D.

Address, 643 S. Paca St.

Remarks,

898U001692

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered as to sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar. 27. 1898.
4. *Place of Birth, (Street and Number)*	306 Exeter St
5. *Full Name of Mother,*	Rachael Lirenusky
6. *Mother's Maiden Name,*	" Dembovitch
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Israel Lirenusky
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. E. Scherman
Address,	42 Albemarle St
Remarks,	

8 9 8 0 0 0 1 6 9 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar 24 1898.

4. Place of Birth, (Street and Number) 1313 E. Fayette St.

5. Full Name of Mother, Rakella Scarano

6. Mother's Maiden Name, " Fragonette

7. Mother's Birthplace, Italy

8. Full Name of Father, Tyc Scarano

9. Father's Occupation Labor

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scheuman

Address, 42 Albemarle St.

Remarks,

8,780001694

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

230.]

RETURN OF A BIRTH. 90980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24 1878
4. Place of Birth, (Street and Number) 330 S Hoo Pulaski
5. Full Name of Mother, Bertha Wiegand
6. Mother's Maiden Name, Bertha Stehr
7. Mother's Birthplace, Hessen
8. Full Name of Father, Theodor Wiegand
9. Father's Occupation Knabe Factory
10. Father's Birthplace, Hessen

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, 2008 McHenry st

Remarks,

8980001695

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 90981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 24th 1878.
4. *Place of Birth, (Street and Number)* 209 Fountain St.
5. *Full Name of Mother,* Barbara Elgert.
6. *Mother's Maiden Name,* Barbara Wehner
7. *Mother's Birthplace,* Lancaster Pa
8. *Full Name of Father,* Chas G Elgert.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Anna Lenz Michaelis

Address, 1539 Alicesanna Street

Remarks,

B 7 8 0 0 0 1 6 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been collected; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 24 1898
4. *Place of Birth, (Street and Number)* 1703. Harmans. Ally
5. *Full Name of Mother,* Annie Granger
6. *Mother's Maiden Name,* Annie Wagner
7. *Mother's Birthplace,* George Town D.C.
8. *Full Name of Father,* Charles Henry Granger
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellenora A. Anderson

Address, 1434 Patapsco St

Remarks,

8980001697

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 of March 1890
4. Place of Birth, (Street and Number) 606 Rose St.
5. Full Name of Mother, Caroline Hudson
6. Mother's Maiden Name, Caroline Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Hudson
9. Father's Occupation Boat Builder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E. Sawyer

Address, 0 214 Eutaw St

Remarks,

8980001698

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the occurrence thereof, by the physician or midwife in attendance upon the mother, or in case there is no physician or midwife in attendance, then by the householder or owner of the premises where the birth occurred, or by the mother of the child, or by the nurse in attendance upon the mother, or by the person who shall have been employed to report the birth, and shall be entered in a record to be kept for that purpose, which shall be open to the inspection of the public. The Return of a Birth shall state the number of the child of the mother (whether 1st, 2d, 3d, &c.), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 25th 1898
4. *Place of Birth, (Street and Number)*	2536 Pennsylvania ave
5. *Full Name of Mother,*	Mary Knell
6. *Mother's Maiden Name,*	" Bowen
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John Knell
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	E. G. Shorner, M.D.
Address,	1224 West North ave
Remarks,	

E 7 8 U 0 0 1 6 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Wht
3. *Date of Birth,* Oct 11 25 1923
4. *Place of Birth, (Street and Number)* Calhoun St 1923
5. *Full Name of Mother,* Lou M Sues
6. *Mother's Maiden Name,* Lou M Sues
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Roland Cardin
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. S. Kelly

Address, 1919 22 Whitmore

Remarks,

8980001700

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

90986

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 10th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25 1898
4. Place of Birth, (Street and Number) 520 N. Lee St Balto. City
5. Full Name of Mother, Catherine Nagengast
6. Mother's Maiden Name, " " Minnick
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Nagengast
9. Father's Occupation Merchinist
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Address, Katie Mück 800 Leadenhall St

Remarks,

8 9 8 U 0 0 1 7 0 1

Wm. J. C. Dulany Co., City Printers and Stationers

...the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) white
3. Date of Birth, March 25 1898
4. Place of Birth, (Street and Number) 111 N. Fremont St.
5. Full Name of Mother, Julia Stumpf
6. Mother's Maiden Name. Handley
7. Mother's Birthplace. Baltimore Md.
8. Full Name of Father Jno. W. Stumpf
9. Father's Occupation, Stove business
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. A.O. Munce M.D.

Address, 1052 Edmondson Ave

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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3.]

RETURN OF A BIRTH. 96988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Fe'l
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, March 25 1896
4. Place of Birth, (Street and Number) 127 Low Sull st
5. Full Name of Mother, Mary E Barber
6. Mother's Maiden Name, Stuart
7. Mother's Birthplace, Balto
8. Full Name of Father, Gustus Barber
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 931 E Fort ave.

Remarks,

8 9 8 0 0 0 1 7 0 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 90989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25th '98
4. Place of Birth, (Street and Number) 1006 E. Lombard St.
5. Full Name of Mother, Bessie Lewis
6. Mother's Maiden Name, Bessie Asin
7. Mother's Birthplace, Pumpian Rus.
8. Full Name of Father, Rubin Lewis
9. Father's Occupation Carpenter.
10. Father's Birthplace, Pumpian Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1022 E. Lombard St.

Remarks,

8980001704

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 90990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23 1898
4. Place of Birth, (Street and Number) 339 Bartolow st
5. Full Name of Mother, Maggie Lang
6. Mother's Maiden Name, Maggie Staf
7. Mother's Birthplace, Bayer
8. Full Name of Father, Christoph Lang
9. Father's Occupation Hair Factory
10. Father's Birthplace, Bayer

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, 2008 McHenry st

Remarks,

8980001705

been centered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 9099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25 1898
4. *Place of Birth, (Street and Number)* 1109 Preston St.
5. *Full Name of Mother,* Margret Mc Tighe
6. *Mother's Maiden Name,* Margret Nolan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Mc Tighe
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

8980001706

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 25th 1892.
4. Place of Birth, (Street and Number) 2317 Eastern Ave.
5. Full Name of Mother, Mary E. Emily.
6. Mother's Maiden Name, Mary E. Hoppe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Emily.
9. Father's Occupation House Painter.
10. Father's Birthplace, Canada.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Emily.

Address, 2317 Eastern Ave

Remarks, Colored

6980001707

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

90998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25th 1898
4. *Place of Birth, (Street and Number)* 182 Vaught St
5. *Full Name of Mother,* Katie Pillar
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Pillar
9. *Father's Occupation* Steeler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Shepter

Address, 265 N Washington St City

Remarks,

8980001708

Wm. J. C. Dulany Co,. City Printers and Stationers.

Each Child born alive, or dead, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 25 th 1892
4. *Place of Birth, (Street and Number)* 13 Foster Ave.
5. *Full Name of Mother,* Elmirthe Borkis
6. *Mother's Maiden Name,* Schlebt, Hildebrandt.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Henry Borkis
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Miss Mary E. Perry.

Address, 2221 Bank St

Remarks,

8980001709

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colt
3. Date of Birth, 25th March 1898
4. Place of Birth, (Street and Number) 410 E Monument St.
5. Full Name of Mother, Kate Gallagher
6. Mother's Maiden Name, Kate Gallagher
7. Mother's Birthplace, Ireland
8. Full Name of Father, Martin Gallagher
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs J Frank Medwick

Address, 417 E Eager St

Remarks,

8980001710

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar will see that the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

RETURN OF A BIRTH. 90996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21st 1898
4. *Place of Birth, (Street and Number)* 323 Fallsway
5. *Full Name of Mother,* Nora Moylan
6. *Mother's Maiden Name,* Nora Moylan
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Chas Moylan
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Jos. L. Emmitt

Address, 1818 North Charles

Remarks, These are about 1/2 an hour of twins

8 7 8 0 0 0 1 7 1 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

RETURN OF A BIRTH.

90997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25th 1898
4. *Place of Birth, (Street and Number)* 1333 Fontana Ave.
5. *Full Name of Mother,* Nora Mullan Bartlett.
6. *Mother's Maiden Name,* Ireland.
7. *Mother's Birthplace,* Charles Mullan
8. *Full Name of Father,* Carpenter.
9. *Father's Occupation* Ireland
10. *Father's Birthplace,* Jos L Emmett M.D.

Name of Medical Attendant, or other person who makes this Return, 818 North Charles St

Address,

Remarks,

8 9 8 U 0 0 1 7 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name of each child, if any shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number (if not the first) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner in attendance, if any, and if no physician or practitioner in the form of a certificate between the first and second schedule shall be delivered, duly signed, to the person or parents of such child, at the time of the birth of any child. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner and within the period above required, and said schedule shall be delivered, duly signed, to the Commissioner of Health, or should no other person or parents of such third day of each and every month to the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-30-65

RETURN OF A BIRTH

CERTIFICATE AMENDED 11-14-66

90998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Aurelio Thomas Schiaffino

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex*, (State whether male or female) Male
2. *Race or color*, (if not of the white race) White
3. *Date of Birth*, March 26th 98
4. *Place of Birth*, (Street and Number) 242 Pittsburgh Ave
5. *Full Name of Mother*, PAULINE P Schiaffino
6. *Mother's Maiden Name*, " Mortola
7. *Mother's Birthplace*, Italy
8. *Full Name of Father*, Giovanni Schiaffino
9. *Father's Occupation*, Merchant
10. *Father's Birthplace*, Italy

Name of Medical Attendant, or other person who makes this Return. Dr. Catherine Bond

Address, 1308 N Charles St

Remarks,

8 Y 6 U 0 0 1 7 1 3

Should the particulars set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 90999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 3/25'98
4. *Place of Birth, (Street and Number)* 834 Tyson
5. *Full Name of Mother,* Fanny Tillman
6. *Mother's Maiden Name,* Wallace
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Chas Tillman
9. *Father's Occupation* Lab.
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Gen Hosp

Remarks,

8980001714

Wm. J. C. Dulany Co., City Printers and Stationers.

(Every physician or midwife who shall attend upon any birth, shall, within ten days thereafter, report to the Commissioner of Health, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, 3/25-98
4. Place of Birth, (Street and Number) 590 St Mary St.
5. Full Name of Mother, Cora Johnson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father, Thos Tierney
9. Father's Occupation Lab.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

8980001715

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Certificate, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25 - 98
4. *Place of Birth, (Street and Number)* The Johns Hopkins Hospital
5. *Full Name of Mother,* Kate Heard
6. *Mother's Maiden Name,* Kate Carew
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Robert Heard
9. *Father's Occupation* Night Clerk
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. B. Dobbin

Address, Johns Hopkins Hospital.

Remarks,

8 7 8 U 0 0 1 7 1 6

said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 24th 1899

4. *Place of Birth, (Street and Number)* 814 N. Carey & Fleet

5. *Full Name of Mother,* Sidney E. Bayard

6. *Mother's Maiden Name,* Sidney E. Archibald

7. *Mother's Birthplace,* Bate County

8. *Full Name of Father,* Thomas Bayard

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Susan Waters 824 Fleet

Address,

Remarks,

8980001717

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 91003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* March 25. 1898.
4. *Place of Birth, (Street and Number)* 704 E. Fort Ave.
5. *Full Name of Mother,* Maggie Harvey.
6. *Mother's Maiden Name,* Collins.
7. *Mother's Birthplace,* Norfolk Va.
8. *Full Name of Father,* Zacharias Harvey
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune / for the

Address, Mothers Relief / 1412 Eutaw Place.

Remarks,

8980001718

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 9/004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), white
3. Date of Birth, March 25 - 98
4. Place of Birth (Street and Number), 9 E Hamburg St
5. Full Name of Mother, Margaret K. Fritz
6. Mother's Maiden Name, " " Kailing
7. Mother's Birthplace, U S.
8. Full Name of Father, Elmer E. Fritz
9. Father's Occupation, Blacksmith
10. Father's Birthplace, U S. —

Name of Medical Attendant, or other person who makes this Return. Geo. K. Strauss M.D.

Address, 9. E Montgomery St. —

Remarks,

8 7 8 0 0 0 1 7 1 9

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

9/406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25 AD 1898.
4. Place of Birth, (Street and Number) 234 Maryland Ave.
5. Full Name of Mother, Annie Pinkas
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Pinkas
9. Father's Occupation Baker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Phelps

Address, 206 N Washington Sq

Remarks,

1898 U 001720

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26th 98 Baltimore m.d.
4. Place of Birth, (Street and Number) 507 W. West St. Baltimore m.d.
5. Full Name of Mother, Lauria Higdon
6. Mother's Maiden Name, Lauria Gaslan
7. Mother's Birthplace, Baltimore m.d.
8. Full Name of Father, James A. Higdon
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore m.d.

Name of Medical Attendant, or other person who makes this Return, Mrs. Range

Address, 711 St Cross St

Remarks,

B 4 8 0 0 0 0 1 7 2 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 91007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	26 March 1898.
4. *Place of Birth, (Street and Number)*	1520 Presstman st.
5. *Full Name of Mother,*	Minnie L. Yates,
6. *Mother's Maiden Name,*	Thorpe,
7. *Mother's Birthplace,*	Balto. City,
8. *Full Name of Father,*	C. W. J. Yates,
9. *Father's Occupation*	Candy Manf. (Wholesale)
10. *Father's Birthplace,*	Balto. City,
Name of Medical Attendant, or other person who makes this Return,	E. L. Engle M.D
Address,	1007 W. Lanvale
Remarks,	

8980001722

If the child be born alive, the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26/98
4. *Place of Birth, (Street and Number)* 1828 Harford Ave.
5. *Full Name of Mother,* Lillie Spurrier
6. *Mother's Maiden Name,* " Franz
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Spurrier
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6 9 8 0 0 0 1 7 2 3

RETURN OF A BIRTH. 91009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* March 26th 98
4. *Place of Birth, (Street and Number)* 1823 Old Harford
5. *Full Name of Mother,* Ellen Johnson
6. *Mother's Maiden Name,* Ellen Dorsey
7. *Mother's Birthplace,* Howard County
8. *Full Name of Father,* Samuel E. Johnson
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* Carroll County

Name of Medical Attendant, or other person who makes this Return.

Address, 1547 Bruce St & Lydia Wilson

Remarks, 160 N. Thomas & Peters Ave Bridge St

8 9 8 0 0 0 1 7 2 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9/0/0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 26-'98
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Sarah Harris
6. Mother's Maiden Name, Sarah Harris
7. Mother's Birthplace, Maryland
8. Full Name of Father, Martin Harris
9. Father's Occupation Student-
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Upton Doblin M.D.

Address, Johns Hopkins Hospital.

Remarks,

8980001725

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 March 1898
4. Place of Birth, (Street and Number) 901 Bevan H
5. Full Name of Mother, Louisa Dittmyer
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, Joseph Lark
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1802 E Lexington

Remarks,

6 9 8 U 0 0 1 7 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26 1898.
4. *Place of Birth, (Street and Number)* Inf. 1610 E. Bond street
5. *Full Name of Mother,* Ida Wallenstein
6. *Mother's Maiden Name,* Ida Benes.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Philip A. Wallenstein
9. *Father's Occupation* Grocery & Provision Dealer
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell M.D.

Address, 1841 Harford ave.

Remarks,

8980001727

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH

9/018

CERTIFICATE CORRECTED 4-9-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hellie Viola Emery

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 26/96
4. Place of Birth, (Street and Number) 1015 Jo Baltimore
5. Full Name of Mother, Florence ~~Flora~~ Emery
6. Mother's Maiden Name, " ~~Flora~~ Mallonee
7. Mother's Birthplace, Md
8. Full Name of Father, Geo Emery
9. Father's Occupation, Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J. B. Thomas M.D.

Address,

Remarks,

B 7800001728

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 91014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch 26-98
4. *Place of Birth, (Street and Number)* 309 S. Monroe St
5. *Full Name of Mother,* Gertrude McK. Hoffman
6. *Mother's Maiden Name,* McKittrick
7. *Mother's Birthplace,* Phila. Pa.
8. *Full Name of Father,* Wm Hoffman
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, J Wm Funck MD.

Address,

Remarks,

8 7 8 U 0 0 1 7 2 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

91016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 March 1898
4. *Place of Birth, (Street and Number)* 407 N. Bethel St
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles Smith
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1302 E Lexington St

Remarks,

1898 U 001730

Wm. J. C. Dulany Co., City Printers and Stationers.

Keep Collector's No. sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

91016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd
2. *Sex, (state whether male or female)* male.
3. *Color, (if not of the white race)*
4. *Date of Birth,* March 26th 1898
5. *Place of Birth, (Street and Number)* 118 W Franklin St. City.
6. *Full Name of Mother,* Teresa Dr Merit.
7. *Mother's Maiden Name,* Teresa Muller.
8. *Mother's Birthplace,* Vienna, Austria.
9. *Full Name of Father,* Chas. L Dr Merit.
10. *Father's Occupation* Physician.
11. *Father's Birthplace,* Boston Mass.

Name of Medical Attendant, or other person who makes this Return, Chas L. Dr Merit.

Address, 118 W Franklin St. City.

Remarks,

8 0 0 1 7 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health authorities shall have the right of visitation and supervision of all persons and places affected by or exposed to any infectious or contagious disease, and shall have the power to enforce such rules and regulations as may be necessary to prevent the spread of such diseases within the City of Baltimore. Every person having a child born shall, within ten days after the birth of such child, cause the same to be registered at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall state in such registration the number of children born to the mother, including the last birth, and the number of children of the mother living at the time of such registration. Every person who shall refuse or neglect to register such birth as required by this section shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five dollars nor more than fifty dollars for each offence. Certificates are recoverable.

Certificates of births and deaths shall be issued by the Registrar of Vital Statistics, Board of Health, Baltimore City, upon the payment of fifty cents for each certificate. Certificates of births and deaths shall be issued by the Registrar of Vital Statistics, Board of Health, Baltimore City, upon the payment of fifty cents for each certificate. Certificates of births and deaths shall be issued by the Registrar of Vital Statistics, Board of Health, Baltimore City, upon the payment of fifty cents for each certificate.

SAFETY FILM

Over

RETURN OF A BIRTH. 91017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Hermann George Munzel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 26 of March 1898
4. Place of Birth, (Street and Number)	No 1706 Edmondson Ave
5. Full Name of Mother,	Bertha Munzel
6. Mother's Maiden Name,	Bertha Engelbert
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Oscar Munzel
9. Father's Occupation,	Brassfinisher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Ch. Lauer
Address,	No 1054 Harford Ave Bal. Md
Remarks,	1898

8 9 8 0 0 0 1 7 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...said ... and every month to the office of the Commissioner of ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter, it shall be ... child to report its birth to the Commissioner of Health, in the ... any such person or persons, who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offence, to be recovered ... third day of each ... shall become the duty of the person or parents of such ... in the manner and within the period above required, and ... comply with the provisions of this section, shall be sub- ... recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26, 1898
4. *Place of Birth, (Street and Number)* S. Bond St. 721
5. *Full Name of Mother,* Julie Greve
6. *Mother's Maiden Name,* Orilles
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Greve
9. *Father's Occupation* Fireman on tockboat
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Lutz

Address, 838 S. Bond St.

Remarks,

8980001733

Wm. J. C. Dulany Co,. City Printers and Stationers.

been collected; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1230.]

RETURN OF A BIRTH.

9019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th,
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Saturday March 26th, 1898
4. *Place of Birth, (Street and Number)*	423 E. 24th. St,
5. *Full Name of Mother,*	Annie F. Considine
6. *Mother's Maiden Name,*	Annie F. Kelley.
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	James F. Considine
9. *Father's Occupation*	Telegraph Operator,
10. *Father's Birthplace,*	Balto Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton M.D.
Address,	S.W. Cor. Calvert & Preston Sts.
Remarks,	

E 9 8 0 0 0 1 7 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Should the birth not be reported as herein set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 26th 1898
4. Place of Birth, (Street and Number) 306 Blackstone St.
5. Full Name of Mother, Amelia Jane Scott
6. Mother's Maiden Name, Amelia Jane Gaskins
7. Mother's Birthplace, Maryland
8. Full Name of Father, Dennis Scott
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, William Pillsbury

Address, 2536 Eutaw St

Remarks,

18980001735

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 91021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 26/1896
4. *Place of Birth, (Street and Number)*	#311 Chester st
5. *Full Name of Mother,*	Mary Ann Flaherty
6. *Mother's Maiden Name,*	Mary Ann Flaherty
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thomas Flaherty
9. *Father's Occupation*	Fireman in the Fire Department
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#241 S. Chester st
Remarks,	

6 9 8 0 0 0 1 7 3 6

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 9/022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 26th 1898.
4. *Place of Birth, (Street and Number)*	No 27 E. Eden St.
5. *Full Name of Mother,*	Mary Silvernagel
6. *Mother's Maiden Name,*	Mary Hide
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	John Silvernagel
9. *Father's Occupation*	Grocery.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks.
Address,	No 1828 Light St.
Remarks,	Doing Well

8 9 8 U 0 0 1 7 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, March 27th 1898
4. Place of Birth, (Street and Number) 27 S. Bethel St.
5. Full Name of Mother, Harriett Perry
6. Mother's Maiden Name, Harriett Wheeler
7. Mother's Birthplace, Pokamoke, Md.
8. Full Name of Father, Edw. Perry
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8480001738

Wm. J. C. Dulany Co,. City Printers and Stationers.

Whoever shall wilfully neglect or refuse to make a return of the birth of any child, or shall wilfully make a false return as to the same, or shall not be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27 98
4. Place of Birth, (Street and Number) 1614 Baker st
5. Full Name of Mother, Mary E Boyed
6. Mother's Maiden Name, Mary E Walkie
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel L Boyed
9. Father's Occupation Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Mergy

Address, 2894 Lanvale st

Remarks,

8980001739

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

91028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	[illegible]
3. *Date of Birth,*	24 of March 1898
4. *Place of Birth, (Street and Number)*	1120 South Forrest Ave
5. *Full Name of Mother,*	Clementine Isabel Bell
6. *Mother's Maiden Name,*	Baltimore City
7. *Mother's Birthplace,*	Frank E Baker
8. *Full Name of Father,*	Merchant
9. *Father's Occupation,*	Baltimore City
10. *Father's Birthplace,*	H F Simcox
Name of Medical Attendant, or other person who makes this Return,	No 1313 West Baltimore St
Address,	Strong [illegible] Third Edith
Remarks,	

8 9 8 0 8 0 1 7 4 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 27 1914
4. *Place of Birth, (Street and Number)* No 226 S Pennsylvania Ave
5. *Full Name of Mother,* Mary E Dorsey
6. *Mother's Maiden Name,* Lange
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johnson Dorsey
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E Dorsey

Address, 1927 E Monument St

Remarks,

8980001741

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

9027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 27 1898
4. *Place of Birth, (Street and Number)* 1813 E Eager St
5. *Full Name of Mother,* Balla Bleyer Bleak
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Bleak
9. *Father's Occupation,* Boatsder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bleak

Address, 1107 Collington Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8980001742

...ed occupation of its parents, the date and place of birth; and the ...by the practitioner in the form of a certificate between the first and ...office of the Commissioner of Health. In case the birth of any child ...sician or practitioner of midwifery, or should no other person be in ...hereafter if shall become the duty of the person or parents of such ...of Health, in the manner and within the period above required, and ...after fail to comply with the provisions of this section shall be sub- ...ense, to be recovered as other fines and forfeitures are recoverable.

...been conferred; its sex; color, the full name and ...said schedule shall be delivered, duly signed by the ...third day of each and every month to the office of ...shall occur without the attendance of a physician or ...attendance upon the mother, immediately thereafter ...child to report its birth to the Commissioner of Health ...any such person or persons who shall hereafter fail ...jected to the fine of ten (10) dollars for each offense, to

86.]

RETURN OF A BIRTH.

91028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Ch

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colo
3. *Date of Birth,* March 27 1891
4. *Place of Birth, (Street and Number)* 211 Marshall st
5. *Full Name of Mother,* Ellen Gilbert
6. *Mother's Maiden Name,* Rodgers
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Peter Hetta Gilbert
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Carolina Schaaf

Address, 931 Fort ave

Remarks,

8980001743

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

36]

RETURN OF A BIRTH. 9/029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 27th 1878
4. *Place of Birth, (Street and Number)*	Baltimore Md 411 Ramsay St.
5. *Full Name of Mother,*	Florence Taylor
6. *Mother's Maiden Name,*	" Deas
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harry Taylor
9. *Father's Occupation*	Ship Joiner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Isaac Travers
Address,	414 S Broadway
Remarks,	Mother and Child are doing well

8980001744

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27-98
4. *Place of Birth, (Street and Number)* The Johns Hopkins Hospital
5. *Full Name of Mother,* Margarette Erth
6. *Mother's Maiden Name,* Margarette Nielein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Valentine Erth
9. *Father's Occupation* Cork
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, J. Gregg Wilson

Address, Johns Hopkins Hospital

Remarks,

8 9 8 U 0 0 1 7 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

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Over

RETURN OF A BIRTH. 91031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 March 1898
4. Place of Birth, (Street and Number) 1043 Bruce Street
5. Full Name of Mother, Anna Maria Margaretha Schmidt
6. Mother's Maiden Name, Berndt
7. Mother's Birthplace, Reutlingen Württemberg Germany
8. Full Name of Father, Georg Ludwig Schmidt
9. Father's Occupation Baker
10. Father's Birthplace, Reutlingen Württemberg Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bertha Steinhardt

Address, 1631 W. Pratt St. Baltimore Md

Remarks, Full name of child Johannes Schmidt

8980001746

Wm. J. C. Dulany Co,. City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

9/032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William George Schuppner 7th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Fourth~~

1. Sex, (state whether male or female) MALE
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27th 1898
4. Place of Birth, (Street and Number) 72 Harford Ave
5. Full Name of Mother, Minnie Schuppner
6. Mother's Maiden Name, Minnie Bishop
7. Mother's Birthplace, Pittsburg
8. Full Name of Father, John Schuppner
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo F Dorsey

Address, Jandenville Ind.

Remarks,

8480001747

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

91028

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27/98
4. Place of Birth, (Street and Number) 210 S. Ann St.
5. Full Name of Mother, Susie Berentsen
6. Mother's Maiden Name, " Hoffman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Berentsen
9. Father's Occupation Watermaster
10. Father's Birthplace, Norwegian

Name of Medical Attendant, or other person who makes this Return. Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

C 9 8 0 0 0 1 7 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) his sex, color, the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner in case the birth of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, and child to report its birth to the Commissioner of midwifery, or the person or parents, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 91084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 - March - 1898
4. *Place of Birth, (Street and Number)* 2401 Etting St.
5. *Full Name of Mother,* Ana L. Patterson
6. *Mother's Maiden Name,* Ana L. Seabright
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James A Patterson
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, T. H. Brown M. D.

Address, 848 W. North Ave.

Remarks,

8 9 8 0 0 0 1 7 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

91035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2nd '98
4. Place of Birth, (Street and Number) 127 S. Spring St.
5. Full Name of Mother, Chaie Yarshish
6. Mother's Maiden Name, Chaie Jacobson
7. Mother's Birthplace, Pavenetse Rus.
8. Full Name of Father, Perez Yarshish
9. Father's Occupation Teacher
10. Father's Birthplace, Brashlav Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavanskey

Address, 1022 E. Lombard St

Remarks,

8980001750

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 91036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 March 1898
4. Place of Birth, (Street and Number) 55 Randle St
5. Full Name of Mother, Hester Mariner
6. Mother's Maiden Name, Penrose
7. Mother's Birthplace, Northampton
8. Full Name of Father, Scott Mariner
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mrs Alice Blum

Address, 1102 E Monument

Remarks,

8980001751

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	3/27/98
4. *Place of Birth, (Street and Number)*	Md Genl Hosp.
5. *Full Name of Mother,*	Mary Cassell
6. *Mother's Maiden Name,*	" Grunstock
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Melville W. Cassell.
9. *Father's Occupation*	Coachman
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	M L Todd.
Address,	Md. Genl Hosp.
Remarks,	

8 9 8 U 0 0 1 7 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born in Baltimore City, whether white or colored, shall have the full name and occupation of its parents, the date and place of birth, and the sex of the child, recorded in the Bureau of Vital Statistics, Board of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 27 1898
4. *Place of Birth, (Street and Number)* Fulton Ave No 3 & 10
5. *Full Name of Mother,* Susanna D Wilson
6. *Mother's Maiden Name,* Susanna Carter
7. *Mother's Birthplace,* Ellicott City Md
8. *Full Name of Father,* Charles H Wilson
9. *Father's Occupation* grocer
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs S Wilson

Address, 1922 Milton Ave

Remarks,

B 9 8 0 0 0 1 7 5 3

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH, 9089

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14th
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 27 1898
4. *Place of Birth, (Street and Number)*	1114 Woodyear St
5. *Full Name of Mother*	Mary ~~Coates~~ Ryan Considine
6. *Mother's Maiden Name*	"
7. *Mother's Birthplace*	Md
8. *Full Name of Father*	Thomas Ryan
9. *Father's Occupation*	Motorman
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	C. M. Lewis M.D.
Address	1220 Lindenauer
Remarks	

8 7 8 U 0 0 1 7 5 4

Within ten days after the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 91040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third 13(

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 27th 1878
4. Place of Birth, (Street and Number) 635 Forman St
5. Full Name of Mother, Elizabeth Elliott
6. Mother's Maiden Name, Towson
7. Mother's Birthplace, Balto City
8. Full Name of Father, John Elliott
9. Father's Occupation, Publick
10. Father's Birthplace, Publick

Name of Medical Attendant, or other person who makes this Return. Emily Hughes

Address, 693 Vine St Balto City

Remarks,

8 9 8 0 0 0 1 7 5 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 91041

GIVEN NAME ADDED 5-1-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helene Emma Seeger 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Mch. 27 1898
4. Place of Birth, (Street and Number) 123 Gough str.
5. Full Name of Mother, Lena Seeger
6. Mother's Maiden Name, " Glatt.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Eugene Seeger
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S Exeter str

Remarks,

8 9 8 0 0 0 1 7 5 6

been collected as to sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

and occupation of its parents, the date and place of birth; and the
by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
cian or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
fail to comply with the provisions of this section shall be sub-
fence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* March 28th 1898
4. *Place of Birth, (Street and Number)* 2011 W. Pratt St. city
5. *Full Name of Mother,* alice M. Koen
6. *Mother's Maiden Name,* alice M. Kennedy
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* albert C. Koen
9. *Father's Occupation* brush maker
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, H. Hudnut M.D

Address, 2151 W. Lanvale St

Remarks, Home labor.

Wm. J. C. Dulany Co., City Printers and Stationers.

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[236.]

RETURN OF A BIRTH. 91043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Term
1. *Sex, (state whether male or female)*	Fem.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March 28/98.
4. *Place of Birth, (Street and Number)*	#329 Chester st.
5. *Full Name of Mother,*	Susie Kane
6. *Mother's Maiden Name,*	Susie Dougherty
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	James Kane
9. *Father's Occupation*	Odorless Excavator
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#241 Chester st.
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. 9/0441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 28/98
4. *Place of Birth, (Street and Number)*	329 S. Chester st
5. *Full Name of Mother,*	Susie Kane
6. *Mother's Maiden Name,*	Susie Dougherty
7. *Mother's Birthplace,*	Baltr.
8. *Full Name of Father,*	James Kane
9. *Father's Occupation*	Odd Jobs Excavator
10. *Father's Birthplace,*	Baltr.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	324 S. Chester st.
Remarks,	

8980001759

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236

91026

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	28th January 1891.
4. *Place of Birth, (Street and Number)*	Baltimore City # 1831 W. Pratt St.
5. *Full Name of Mother,*	Cora D. Walter.
6. *Mother's Maiden Name,*	" Breeden.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edmund L. Walter
9. *Father's Occupation*	Paper Hanger.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Wm. Geary Krause
Address,	# 414 S. Sharp St.
Remarks,	Mother and Child are doing well.

8 7 8 0 0 0 1 7 6 0

Wm. J. C. Dul[illegible] Printers and Stationers.

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, march th 28 1898
4. Place of Birth, (Street and Number) Frederick av 921
5. Full Name of Mother, Sadie E Lowe
6. Mother's Maiden Name, Sadie gehle
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Charles H Schlosser
9. Father's Occupation Coal and lumber deals
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs D Jolly

Address, 1922 Watkins av

Remarks,

8980001761

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dul[illegible] City Printers and Stationers.

RETURN OF A BIRTH.

9107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 of March 1898
4. Place of Birth, (Street and Number) 2351 Hudson St.
5. Full Name of Mother, Annie Hokemp
6. Mother's Maiden Name, Annie Cheasteo
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hokemp
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton St

Remarks,

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8980001762

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 March 1898
4. Place of Birth, (Street and Number) 1631 Hillman 41
5. Full Name of Mother, Josephine Debes
6. Mother's Maiden Name, Walker
7. Mother's Birthplace, Ball.
8. Full Name of Father, Phillipp Debes
9. Father's Occupation Taylor
10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address,

Remarks,

8 9 8 U 0 0 1 7 6 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-30-59

RETURN OF A BIRTH. 91029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Raymond Dessel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 28/98
4. Place of Birth, (Street and Number) 411 S. Ann Str.
5. Full Name of Mother, Mary Dessel
6. Mother's Maiden Name, " Sauer
7. Mother's Birthplace, Balto.
8. Full Name of Father Jacob Dessel
9. Father's Occupation Blacksmith
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

T 8 9 8 0 0 0 1 7 6 4

Wm. J. C. Dulany Co. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28/98
4. *Place of Birth, (Street and Number)* 233 S. Castle Str.
5. *Full Name of Mother,* Mary Collins
6. *Mother's Maiden Name,* " Gebhard
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Collins
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bissinger

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 0 0 0 1 7 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 3/28 98
4. *Place of Birth, (Street and Number)* 1111 East Aisquith
5. *Full Name of Mother,* Alice Fisher
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Bob Jones
9. *Father's Occupation* Janitor
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1111 East Baltimore

Remarks,

B 9 8 0 0 0 1 7 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 9102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2d

1. *Sex (state whether male or female),* female (Male) Sophia Socolow
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 28, 1915
4. *Place of Birth (Street and Number),* 123 S. Bond St.
5. *Full Name of Mother,* Fanny Socolow
6. *Mother's Maiden Name,* Fanny Yusefsky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Elias Socolow
9. *Father's Occupation,* Dress Maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Dr. Daniel Davis

Address, 1172 Druid Park

Remarks,

Baltimore Publishing Co., City Printers and Stationers

8980001767

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

91068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28 1898.
4. *Place of Birth, (Street and Number)* No. 12 Carruth ave.
5. *Full Name of Mother,* Chelonia Knees
6. *Mother's Maiden Name,* Chelonia Haynes.
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Conrad Knees
9. *Father's Occupation* Baker.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Bliewell M.D.

Address, 1241 Hanford ave.

Remarks,

8980001768

Wm. J. C. Dulany Co., City Printers and Stationers.

Head Centres to see about the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

83.]

RETURN OF A BIRTH. 91084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22 1891
4. *Place of Birth, (Street and Number)* 121 Patapsco st
5. *Full Name of Mother,* Maggie Feck
6. *Mother's Maiden Name,* Offelt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Feck
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Schwarz

Address, 134 Fort ave

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8980001769

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9/068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 March 1898
4. Place of Birth, (Street and Number) 111 Micanna St
5. Full Name of Mother, Kate Jabrak
6. Mother's Maiden Name, K. Jabronska
7. Mother's Birthplace, Germany
8. Full Name of Father, Wolle Jabrak
9. Father's Occupation Tabacs
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Beyer

Address, 721 S. Chas St

Remarks, Baltimore Md.

8480001770

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 28-'98
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Matilda Herman
6. Mother's Maiden Name, Matilda Herrman
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Herman
9. Father's Occupation Sailor
10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks,

B 98 0001771

Wm. J. C. Dulany Co., City Printers and Stationers.

Each child born alive, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 9/057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Monday March 28th, 1898
4. *Place of Birth, (Street and Number)* 1329 Hillman St.
5. *Full Name of Mother,* Mary A. O'Brien Hopper
6. *Mother's Maiden Name,* Mary A. O'Brien
7. *Mother's Birthplace,* Portsmouth Va.
8. *Full Name of Father,* Thomas Hopper.
9. *Father's Occupation* Moulder.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Bomba M.D.

Address, S.W. Cor. Calvert & Preston Sts.

Remarks,

8 9 8 0 0 0 1 7 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Monthly Returns shall be made as soon as the name can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, and if there be none, the name of the householder in whose house the birth occurred. The parent or parents, or in case of their absence, the householder in whose house the birth occurred, shall, within ten days after the birth of each child, (if any shall have been born since the last enumeration,) make a return thereof to the assessor of the district in which such child was born, in the said schedule, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, and if there be none, the name of the householder in whose house the birth occurred. Duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First One

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* ~~White~~

3. *Date of Birth,* 28 of March 1894

4. *Place of Birth, (Street and Number)* 929 Saratoga St

5. *Full Name of Mother,* Ines Hirt

6. *Mother's Maiden Name,* Theresie Deblecher

7. *Mother's Birthplace,* ~~Saxony~~ Germany

8. *Full Name of Father,* Michael Hirt

9. *Father's Occupation* Shoe Maker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs O'Hara

Address, 524 Hollins St

Remarks,

8480001773

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

RETURN OF A BIRTH. 91069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15 the.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 28 of March 1898.
4. Place of Birth, (Street and Number) 2411 Gait Ave.
5. Full Name of Mother, Julia Mühlhan.
6. Mother's Maiden Name, Rich Herlein.
7. Mother's Birthplace, Bavaria.
8. Full Name of Father, Henry Mühlhan.
9. Father's Occupation, Butcher.
10. Father's Birthplace, Hanover - Germ.

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss.

Address, 2408 Forster Ave.

Remarks,

8980001774

Every physician or midwife in attendance upon a birth shall report the same to the Commissioner of Health within ten days thereafter, and if there be no physician or midwife in attendance, then the parent or parents, guardian or householder shall report the birth within ten days after the same can be ascertained. The full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

91060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28th March 1895

4. Place of Birth, (Street and Number) No 1433 Andrew St S. C.

5. Full Name of Mother, Katie Porter Kovalefski

6. Mother's Maiden Name, Polan

7. Mother's Birthplace, Michael Porter

8. Full Name of Father, Labor

9. Father's Occupation West Prussia

10. Father's Birthplace, Mrs Lizzie Schaffer

Name of Medical Attendant, or other person who makes this Return, No 1708 E. Fr. Ave. L. P

Address,

Remarks,

8 9 8 0 0 0 1 7 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, in the form of a certificate to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the city of Baltimore, it shall be the duty of each and every month to the officer or practitioner of midwifery, or should no other person attend upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the said Commissioner of Health, in the manner and within the period above required, and it shall become and shall be the duty of the person or parents of such third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and it shall become and shall be the duty of the person or parents of such child to report its birth to the said

RETURN OF A BIRTH. 91061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* WHT
3. *Date of Birth,* April 11 1928
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

8 9 8 0 0 0 1 7 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29 - 98
4. *Place of Birth, (Street and Number)* The Johns Hopkins Hospital
5. *Full Name of Mother,* Irma Fold
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Mulcahey
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M.D.

Address, Johns Hopkins Hospital.

Remarks,

B 4 8 0 0 0 1 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 22/26
4. *Place of Birth, (Street and Number)* 732 Hollins St
5. *Full Name of Mother,* Mary Doyle
6. *Mother's Maiden Name,* " O'Day
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Doyle
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm O Hare

Address, 924 Hollins St

Remarks,

8 9 8 0 0 0 1 7 7 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3 *Date of Birth,*	March 29th 95
4. *Place of Birth, (Street and Number)*	662 W. Balto st
5. *Full Name of Mother,*	Gertrude Kroeger
6. *Mother's Maiden Name,*	" Weigman
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	George A. Kroeger
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Chas L. Buddenbohn M.D.
Address,	418 S. Luca st.
Remarks,	

8980001779

Wm. J. C. Dulany Co., City Printers and Stationers.

Any midwife, physician or practitioner who shall neglect to report the birth of a child, as required by this section, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 91066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29th 1898.
4. Place of Birth, (Street and Number) No 715 Bibbin St.
5. Full Name of Mother, Kate Marshall.
6. Mother's Maiden Name, Kate Appel.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James E. Marshall.
9. Father's Occupation Labor.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Elsie Brookes

Address, No 1728 Light St

Remarks, Doing Well

8 9 8 0 0 0 1 7 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-14-60

RETURN OF A BIRTH.

91066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Abraham

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29 1898.
4. Place of Birth, (Street and Number) 137 Exeter St.
5. Full Name of Mother, Mollie Lubiedis
6. Mother's Maiden Name, Sobieleffsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Lubiedis
9. Father's Occupation Barber
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Soloman

Address, 47 Albemarle St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8980001781

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 91067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29, 1898.
4. Place of Birth, (Street and Number) 1018 W. Baltimore St.
5. Full Name of Mother, Hennny Hessler
6. Mother's Maiden Name, Hennny Cohn
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Hessler
9. Father's Occupation Merchant Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Rubinstein

Address, 193 W. Barre Str

Remarks,

8980001782

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 4. And be it further enacted, That the Commissioner of Health shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29th 1898
4. *Place of Birth, (Street and Number)* 821 Edmonson Ave
5. *Full Name of Mother,* Alice M. Power
6. *Mother's Maiden Name,* " " Lisle
7. *Mother's Birthplace,* Baltimore, Maryland
8. *Full Name of Father,* Geo. A. Power
9. *Father's Occupation* Inspector in City Commiss Dept. City Hall.
10. *Father's Birthplace,* Baltimore Co. Maryland

Name of Medical Attendant, or other person who makes this Return, Charles Getz, M.D

Address, 312 N. Eutaw St.

Remarks,

8980001783

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

91069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	White,
3. *Date of Birth,*	March 29th 1898
4. *Place of Birth, (Street and Number)*	1514 Rutter St
5. *Full Name of Mother,*	Bridget Kneuff,
6. *Mother's Maiden Name,*	Bridget Banahan,
7. *Mother's Birthplace,*	Ireland,
8. *Full Name of Father,*	Francis J Kneuff,
9. *Father's Occupation,*	Lobster,
10. *Father's Birthplace,*	Maryland,
Name of Medical Attendant, or other person who makes this Return.	Albert K Hadel M D,
Address,	1628 John St,
Remarks,	Balto md,

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RETURN OF A BIRTH. 91070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd "

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29 1898
4. *Place of Birth, (Street and Number)* 2007 Pulaski St
5. *Full Name of Mother,* Mary Vincent Morgenweck
6. *Mother's Maiden Name,* Mary Vincent Nordhouse
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Richard Gottlieb Morgenweck
9. *Father's Occupation,* Plumber, (Conductor on R.R)
10. *Father's Birthplace,* Gotha Germany

Name of Medical Attendant, or other person who makes this Return, Dr. W. J. Chappell.

Address, 1351 N. Gilmor St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 9071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 March 1895
4. *Place of Birth, (Street and Number)* 2610 Kaulson St
5. *Full Name of Mother,* Julia Dabrowska Julianna Dombrowski
6. *Mother's Maiden Name,* Julianna Pietrowiak
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Dabrowski Dombrowski
9. *Father's Occupation* Tabaer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 S. Ann St

Remarks, Baltimore Md

1898 0001786

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 March 1898
4. *Place of Birth, (Street and Number)* 813 S. Luzern St
5. *Full Name of Mother,* Hattie Markiewicz
6. *Mother's Maiden Name,* K. Basynska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jozef Markiewicz
9. *Father's Occupation* Tabaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begun

Address, 721 S. Linn St

Remarks, Baltimore Md

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Wm. J. C. Dulany Co,. City Printers and Stationers.

[36.]

RETURN OF A BIRTH. 91078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W Lite
3. Date of Birth, March 29 1898
4. Place of Birth, (Street and Number) Bradley H
5. Full Name of Mother, Naomie Simpson
6. Mother's Maiden Name, Naomie Hawk
7. Mother's Birthplace, Catonsville
8. Full Name of Father, ~~Herbert~~ Robert Simpson
9. Father's Occupation Labor
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, 58 Talbott St Waverly

Remarks, Well

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Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever shall wilfully refuse or neglect to make the return of each birth required by this section, or shall wilfully make a false return thereof, or

RETURN OF A BIRTH.

9107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, 3/29/78
4. Place of Birth, (Street and Number) 611 Jasper St.
5. Full Name of Mother, Silvia Scott
6. Mother's Maiden Name, " McCoy
7. Mother's Birthplace, ~~Md~~ N.C.
8. Full Name of Father, Chas Scott
9. Father's Occupation Lab.
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Gen Hosp.

Remarks,

B 9 8 U 0 0 1 7 8 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule to be furnished to the Coun... births which have occurred under his or her care during the ...e ascertained the full name of each child, (if any shall have ...mpation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...e Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or should no other person be in ... it shall become the duty of the person or parents of such ... in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub... to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

91075

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	March. 29 1898
4.	*Place of Birth, (Street and Number)*	1702 Patterson Ave
5.	*Full Name of Mother,*	Cora Estella Phillips
6.	*Mother's Maiden Name,*	Cora Estella Phillips
7.	*Mother's Birthplace,*	Page Co Va
8.	*Full Name of Father,*	Kirby Hampton Phillips
9.	*Father's Occupation,*	Carpenter with N.C.R.R.
10.	*Father's Birthplace,*	Born Page Co Va
	Name of Medical Attendant, or other person who makes this return,	Dr. W.J. Chappell.
	Address,	1351 N Gilmor St.
	Remarks,	

WM. J. C. SULANY CO. CITY PRINTERS AND STATIONERS.

8980001790

RETURN OF A BIRTH. 91076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) five

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 30th 1898
4. *Place of Birth, (Street and Number)* 1041 S. Charles St.
5. *Full Name of Mother,* Mary L. Bodenberg
6. *Mother's Maiden Name,* Mary L. Blair
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Bodenberg
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 520 Leadenhall Street

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers

6 9 8 0 0 0 1 7 9 1

RETURN OF A BIRTH. 91077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or ~~Color~~, (if not of the white race) White
3. Date of Birth, 30 March 1898
4. Place of Birth, (Street and Number) 812 Hanover St
5. Full Name of Mother, Annie Mamie Marshall
6. Mother's Maiden Name, Annie Mamie Lobelhuns
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alexander Marshall
9. Father's Occupation Hostler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Minnick

Address, 800 Leadenhall Street

Remarks,

8480001792

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20, 1898
4. *Place of Birth, (Street and Number)* 1032 James Alley
5. *Full Name of Mother,* Kate Ward
6. *Mother's Maiden Name,* Kate Meyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Ward
9. *Father's Occupation* Stone
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 820 Leadenhall Street

Remarks,

8 9 8 U 0 0 1 7 9 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

235.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 30 1892
4. Place of Birth, (Street and Number) 1233 Oakton
5. Full Name of Mother, Anna Schaffer
6. Mother's Maiden Name, Null
7. Mother's Birthplace, Balto
8. Full Name of Father, John A Schaffer
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 859 Fort Ave

Remarks,

8980001794

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF BIRTH. 91080

GIVEN NAME ADDED 5-3-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Elizabeth Walker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th 1898
4. Place of Birth, (Street and Number) No 1044 William St
5. Full Name of Mother, Annie Walker
6. Mother's Maiden Name, Annie Banner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Walker
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks

Address, No 1828 Light St.

Remarks, Doing Well.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8980001795

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall occur, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 30th 98
4. *Place of Birth, (Street and Number)* 2405 Fairmount Ave
5. *Full Name of Mother,* Florence Burkhardt
6. *Mother's Maiden Name,* " Schneider
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Charles F Burkhardt
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, W. H. Schwalbe md

Address,

Remarks,

B 98 0001796

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 91082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 30 1898
4. Place of Birth, (Street and Number) 910 Hillman St
5. Full Name of Mother, Margret A. Smith
6. Mother's Maiden Name, Margret A Carter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank J. Smith
9. Father's Occupation Coffee Roster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

8 9 8 U 0 0 1 7 9 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236]

RETURN OF A BIRTH.

91088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~April~~ March 30th 1898
4. *Place of Birth, (Street and Number)* 234 Parkin St.
5. *Full Name of Mother,* Agnes E. Howard
6. *Mother's Maiden Name,* Soffe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James H. Howard
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other person who makes this Return, A. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks.

8980001798

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 30 d March 1898
4. *Place of Birth, (Street and Number)* 1236 Hollow. St.
5. *Full Name of Mother,* Mary E. Adams
6. *Mother's Maiden Name,* M. E. Talbott
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John A. Adams
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Susan Waters.

Address, 822 N. Peters St.

Remarks.

1898 00 01799

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20/98
4. Place of Birth, (Street and Number) 2011 E. Lombard Str.
5. Full Name of Mother, Annie Weltie
6. Mother's Maiden Name, " Pfeifer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Weltie
9. Father's Occupation Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Balto. Md.

1898 00018 00

Wm. J. C. Dulany Co., City Printers and Stationers.

91086

RETURN OF A BIRTH

GIVEN NAME ADDED. 2-18-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen L. Shelley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th, 1898
4. Place of Birth, (Street and Number) 723 Buren St.
5. Full Name of Mother, Laura Emma Shelley
6. Mother's Maiden Name, " " Mann
7. Mother's Birthplace, Lancaster Co. Penn.
8. Full Name of Father, Andrew S Shelley
9. Father's Occupation, Laborer
10. Father's Birthplace, York City Penn.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary E Tibbs

Address, 719 Buren St.

Remarks, Hair lip and cleft palate

8780001801

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 20th 1890.
4. *Place of Birth, (Street and Number)* 217 S. Regester St
5. *Full Name of Mother,* Annie A. Bauman.
6. *Mother's Maiden Name,* Annie A. Black.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Harry R. Bauman.
9. *Father's Occupation* Cigar maker.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Asa Alan Le Prugy,

Address, 2225 Bank St.

Remarks, City

8 9 8 U 0 0 1 8 0 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

RETURN OF A BIRTH. 91088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 30/98
4. *Place of Birth, (Street and Number)* 625 N Lafayette Ave
5. *Full Name of Mother,* Mary E. Price
6. *Mother's Maiden Name,* Davis
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Horatio N. Price
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return, Wm. J. Huck

Address, 627 N Lafayette Ave

Remarks,

8 7 8 0 0 0 1 8 0 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 30 1898
4. *Place of Birth, (Street and Number)* 24 E. Stanbury St
5. *Full Name of Mother,* Theresa Schaumloffel
6. *Mother's Maiden Name,* Theresa Schnitzler
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Geo M. Schaumloffel
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Katie Minnick

Address, 840 Leadenhall Street.

Remarks,

8 9 8 U 0 0 1 8 0 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

3.]

RETURN OF A BIRTH. 91090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirteenth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 30 1898
4. *Place of Birth, (Street and Number)* 1310 Gay st
5. *Full Name of Mother,* Annie Knight
6. *Mother's Maiden Name,* Annie Klein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Knight
9. *Father's Occupation* Brewmaster
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Brown

Address, 1600 N. Chester st

Remarks,

8980001805

been committed as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th 1898
4. Place of Birth, (Street and Number) 1225 Riverside Ave
5. Full Name of Mother, Sarah E. Blacer
6. Mother's Maiden Name, " " Keys
7. Mother's Birthplace, Balto. City
8. Full Name of Father, John D Blacer
9. Father's Occupation R.R. Conductor
10. Father's Birthplace, Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return, Joseph L. Duane M.D.

Address, 1263 Riverside Ave

Remarks,

8 9 8 0 0 0 1 8 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Colored
3. Date of Birth, March 30 - 1895
4. Place of Birth, (Street and Number) 222 Hamburg St
5. Full Name of Mother, Mary Tyler
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Maryland
8. Full Name of Father, Charles Tyler
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dillerdine

Address, 115 W Lombard

Remarks,

8980001807

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

91098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. 3rd.

1. *Sex, (state whether male or female)* Male Female

2. *Race or Color, (if not of the white race)* Negro

3. *Date of Birth,* Mch. 30th. 1898

4. *Place of Birth, (Street and Number)* 220 Montford Ave.

5. *Full Name of Mother,* Elizabeth Jones

6. *Mother's Maiden Name,* Elizabeth Tyler

7. *Mother's Birthplace,* Deals Island Md.

8. *Full Name of Father,* Henry Jones

9. *Father's Occupation* Oysterman

10. *Father's Birthplace,* Deals Island, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters

Address, Johns Hopkins Hosp. Baltimore Md.

Remarks,

18980001808

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

91094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	W
2. *Race or Color, (if not of the white race)*	3/31/98
3. *Date of Birth,*	Md Gen. Hosp
4. *Place of Birth, (Street and Number)*	Mary Clare
5. *Full Name of Mother,*	"
6. *Mother's Maiden Name,*	Md.
7. *Mother's Birthplace,*	alvin. pickel
8. *Full Name of Father,*	farmer
9. *Father's Occupation*	md
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Md Gen Hosp.
Address,	
Remarks,	

8980001809

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1336

RETURN OF A BIRTH.

91096

GIVEN NAME ADDED, 10-8-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William H.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	two
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Color
3. Date of Birth,	March 31 1898
4. Place of Birth, (Street and Number)	S Howard st no. 933
5. Full Name of Mother,	Matie Parren
6. Mother's Maiden Name,	Matie Kreeman
7. Mother's Birthplace,	Hampton Va
8. Full Name of Father,	John Philip Parren
9. Father's Occupation	galvernizer of nails
10. Father's Birthplace,	Calvert County, Md
Name of Medical Attendant, or other person who makes this Return,	Annie M Davis
Address,	914 Leadenhall st
Remarks,	

8980001810

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 26, 1895
4. Place of Birth, (Street and Number) 1131 Shakespeare St
5. Full Name of Mother, Augusta Pavas
6. Mother's Maiden Name, Cadby
7. Mother's Birthplace, Pole
8. Full Name of Father, Crist Pavas
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Anna Cutt

Address, 631 S. Broad St.

Remarks,

C 7 8 0 0 0 1 8 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Mch 30th 1898
4. Place of Birth, (Street and Number) 1013 E. Pratt st.
5. Full Name of Mother, Annie Siegel
6. Mother's Maiden Name, Finn
7. Mother's Birthplace, Europe
8. Full Name of Father, Meier Siegel
9. Father's Occupation Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter st.

Remarks,

8980001812

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever shall neglect to report the birth of any child, or any child have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 -

1. Sex, (state whether male or female) Female -
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31/98.
4. Place of Birth, (Street and Number) 828 N. Fulton av.
5. Full Name of Mother, Virginia R. McGee -
6. Mother's Maiden Name, Bowdell.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, James W. McGee -
9. Father's Occupation, Salesman.
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, R. H. Goldsmith, M. D.

Address, Harlem av. & Calhoun St.

Remarks,

8980001813

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 91099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31st of March 1898
4. *Place of Birth, (Street and Number)* 1240 W Lanvale st
5. *Full Name of Mother,* Maggie Hunter
6. *Mother's Maiden Name,* Maggie Roach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin J Hunter
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Marie Foster

Address, 812 W Hamburg St

Remarks,

B 7 8 0 0 0 1 8 1 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. ~~91700~~ 91100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31/98
4. Place of Birth, (Street and Number) 405 S. Castle Str.
5. Full Name of Mother, Ida McCord
6. Mother's Maiden Name, " Funk
7. Mother's Birthplace, Balto.
8. Full Name of Father, Thomas McCord
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 U 0 0 1 8 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

36]

RETURN OF A BIRTH.

~~22774~~ 9/107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 31 1898
4. *Place of Birth, (Street and Number)*	Baltimore Md # 308 S Woodyear Al
5. *Full Name of Mother,*	Bessie L McCauley
6. *Mother's Maiden Name,*	" " Gerber
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph L McCauley
9. *Father's Occupation*	Tabor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Manning
Address,	# 417 S Tucker St Baltimore
Remarks,	Mother and Child are doing well

8980001816

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

RETURN OF A BIRTH.

~~72002~~ 91102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 31. 1898.
4. *Place of Birth, (Street and Number)* 2579 Florence Street.
5. *Full Name of Mother,* Anna Lavinia Teal,
6. *Mother's Maiden Name,* Hiser.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Teal,
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kaune

Address, 1712 Eutaw Place.

Remarks,

8980001817

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36

RETURN OF A BIRTH.

~~92003~~
91103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 31st 1898
4. *Place of Birth, (Street and Number)*	1610 E Madison
5. *Full Name of Mother,*	Elizabeth M. Von Minchow
6. *Mother's Maiden Name,*	" " Snoyl
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Frank Von Minchow
9. *Father's Occupation*	Bar Keeper
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwine
Address,	2030 N Washington Av
Remarks,	

8980001818

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A

91104

To the Office of Registrar of Vital Stat

BALTIMORE C

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. *Sex* (state whether Male or Female)	Ma
2. *Race or Color* (if not of the white race)	Whi
3. *Date of Birth*	March 3
4. *Place of Birth* (Street and Number)	37 W. 13
5. *Full Name of Mother*	E. C. Moo
6. *Mother's Maiden Name*	E. C. Robe
7. *Mother's Birthplace*	Baltim
8. *Full Name of Father*	Richard Moo
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Richmond
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

8980001819

~~2006~~
9105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Thursday March 31st 98.
4. *Place of Birth, (Street and Number)* #1125 Scott St. Balto. Md.
5. *Full Name of Mother,* Florence Avondale Wolf
6. *Mother's Maiden Name,* Florence Avondale Bennett.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles Wolf.
9. *Father's Occupation* Silver Beater.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 N. Gross St

Remarks,

B 7 8 0 0 0 1 8 2 0

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH.

~~29056~~ 91106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Jan. 31. 1911
4. Place of Birth, (Street and Number) 413 Hope
5. Full Name of Mother, Martha
6. Mother's Maiden Name, Martha Boyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Fall
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Charlotte Hallman

Address, 911 Leadenhall

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 6 0 0 0 1 8 2 1

236.]

RETURN OF A BIRTH.

~~92007~~ 91107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, March 31st 1898
4. Place of Birth, (Street and Number) 857 Clifford st
5. Full Name of Mother, Katie Roth
6. Mother's Maiden Name, Katie Roth
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Roth
9. Father's Occupation Tobacconist
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Fred Haney

Address, 809 Lemmon st

Remarks,

1898000001822

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 March 1895
4. *Place of Birth, (Street and Number)* 114 S Durham St
5. *Full Name of Mother,* Kate Bauer
6. *Mother's Maiden Name,* K. Weber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mathias Bauer
9. *Father's Occupation* Tobacco
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Boyer

Address, 921 S Ann St

Remarks, Baltimore Md

1898 U 001823

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9/109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child.

1. Sex, (state whether male or female) Male child.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 March 1898.
4. Place of Birth, (Street and Number) 1614 Hanover st.
5. Full Name of Mother, Thekla Ehlenberger
6. Mother's Maiden Name, Thekla Lautka.
7. Mother's Birthplace, Germany
8. Full Name of Father, George Ehlenberger
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 820 Leadenhall Street.

Remarks,

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 8 0 0 0 1 8 2 4

RETURN OF A BIRTH

9110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Firstborn

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, March 31st 1898
4. Place of Birth, (Street and Number) 728 Lemmon Street
5. Full Name of Mother, Willie Lull Sharp
6. Mother's Maiden Name, Willie Lull
7. Mother's Birthplace, Louisville Ky
8. Full Name of Father, Ernest Sharp
9. Father's Occupation, Attorney at Law
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. H. Kloman M.D.

Address, 608 North Ave W.

Remarks,

6780001825

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BUCANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

9111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21st 1878
4. *Place of Birth, (Street and Number)* 531 S Chesapeake st
5. *Full Name of Mother,* Mary D. Reed
6. *Mother's Maiden Name,* " " Winstead
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John H. Reed
9. *Father's Occupation.* Engineer
10. *Father's Birthplace.* Washington D C

Name of Medical Attendant, or other person who makes this Return, W H. Schwatka M D

Address,

Remarks,

and occupation of its parents, the date and place of birth, and the name and residence of the person by whom the child was delivered, which information shall be given by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

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16.]

ation of its parents, the date and place of birth; and the
actitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
practicner of midwifery, or should no other person be in
t shall become the duty of the person or parents of such
in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31 08
4. *Place of Birth, (Street and Number)* # 87 Birch Hill
5. *Full Name of Mother,* Mary E. Wheat
6. *Mother's Maiden Name,* " " Huck
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* Elij M Wheat
9. *Father's Occupation* Mill-hand
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Jno A Fordeman M.D.

Address, # 102 Chestnut Ave

Remarks,

8 9 8 0 0 0 1 8 2 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

91118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31st 1898.
4. *Place of Birth, (Street and Number)* 1018 N. Franklin St
5. *Full Name of Mother,* Ora Estella Talbott
6. *Mother's Maiden Name,* " " Gore
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* Frank L Talbott
9. *Father's Occupation* Granite cutter
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Wm S Lumpton

Address, 23 No Paca Eaton St

Remarks,

8 9 8 U 0 0 1 8 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Mar 31st 1898
4. *Place of Birth, (Street and Number)* 2512 Mary St.
5. *Full Name of Mother,* Sarah M Stover
6. *Mother's Maiden Name,* Sarah M Kopp
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* Frederick Stover
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balt Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. F Shower M. D.

Address, 421 Roland Ave.

Remarks,

1898 00 01829

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

91116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 3/3/98
4. *Place of Birth, (Street and Number)* Md Genl Hosp
5. *Full Name of Mother,* Edith Tilghett
6. *Mother's Maiden Name,* ~~Md.~~
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John Ross
9. *Father's Occupation* Seaman
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, M Linder

Address, Md Genl Hosp

Remarks,

8980001830

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

91116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)	
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 31- 1898
4. Place of Birth (Street and Number)	Park ave
5. Full Name of Mother	Marie Nellie Knabe
6. Mother's Maiden Name	Marie Nellie Schlens
7. Mother's Birthplace	Md
8. Full Name of Father	Ernest J. Knabe
9. Father's Occupation	Piano manufactures
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. W. Latimer
Address	No Anesthetic. 2017 N. Monument St
Remarks	No Trouble

8980001831

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over

RETURN OF A BIRTH. 91117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) (female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 31st of March 1898.
4. Place of Birth, (Street and Number) 2816 Odonnell Str.
5. Full Name of Mother, Mary Milke
6. Mother's Maiden Name, Mary (Kreinzer) Kreuzer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, (Caspar) Milke
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore County.

Name of Medical Attendant, or other person who makes this Return, Mrs Burkart

Address, 1011 Bouldin Str.

Remarks, Full name of child - Harry L. Milke

Said scheme shall be renewed, and a like certificate issued, on the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 8 U 0 0 1 8 3 2

36.]

RETURN OF A BIRTH.

9118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 31. March. 1898.
4. Place of Birth, (Street and Number) 15. N. Wolfe. Street.
5. Full Name of Mother, Helene Hoffman.
6. Mother's Maiden Name, Helene Unklauy.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Valentin Hoffman.
9. Father's Occupation cabinet. maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Glass.

Address, 15. N. Wolfe. Street.

Remarks,

C 9 8 0 0 0 1 8 3 3

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

36]

RETURN OF A BIRTH. 91119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 31st 1898
4. *Place of Birth, (Street and Number)*	153 Stafford St.
5. *Full Name of Mother,*	Minnie Grey Royston.
6. *Mother's Maiden Name,*	Minnie Grey Burley.
7. *Mother's Birthplace,*	Cambridge Md.
8. *Full Name of Father,*	Jeremiah Danerman Royston.
9. *Father's Occupation.*	Salesman
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Wicks.
Address,	Hoffman Lane Balto City.
Remarks,	B

8980001834

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 91120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 3rd '98.
4. *Place of Birth (Street and Number),* 913 Fourth St.
5. *Full Name of Mother,* Dora Mc Laurin
6. *Mother's Maiden Name,* Dora Goodman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harry Mc Laurin
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. William H. Parker

Address,

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

altimore Publishing Co., City Printers and Stationers

18980001835

RETURN OF A BIRTH. 91121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 5 1
4. *Place of Birth, (Street and Number)* 2 East Lee St
5. *Full Name of Mother,* Annie Miller
6. *Mother's Maiden Name,* Annie Mack
7. *Mother's Birthplace,* Lynchburg Va
8. *Full Name of Father,* Bartlett Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Western Shore Va

Name of Medical Attendant, or other person who makes this Return, Christ. H. Adams

Address, 40 Lee Ave

Remarks,

8980001836

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Mar. 5 98
4. *Place of Birth, (Street and Number)* 1323 Hanover
5. *Full Name of Mother,* Wm O Crawford
6. *Mother's Maiden Name,* Mary E. Williams
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Wm O Crawford
9. *Father's Occupation* R R. Employe
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, J H Cole

Address, 1321 N Charles

Remarks,

8 9 8 U O D 1 8 3 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 9123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 13-1898
4. Place of Birth, (Street and Number) 169 Ashland Ave
5. Full Name of Mother, Hattie J. Summers
6. Mother's Maiden Name, " " Blandford
7. Mother's Birthplace, Md
8. Full Name of Father, George D. Summers
9. Father's Occupation Collector
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 2030 Washington. st

Remarks,

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A. 91124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth ~~Fifth~~ Twin
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 13-1898
4. Place of Birth, (Street and Number)	1619 Ashland Ave
5. Full Name of Mother,	Hattie J. Summers
6. Mother's Maiden Name,	" Standiford
7. Mother's Birthplace,	Md
8. Full Name of Father,	George D. Summers
9. Father's Occupation	Collector
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	31 Washington at Ext
Remarks,	

1898 00 01839

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A. 91125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nine

1. Sex, (state whether male or female) Colored.
2. Race or Color, (if not of the white race) Female
3. Date of Birth, March 14th 1898
4. Place of Birth, (Street and Number) Ward St 1357
5. Full Name of Mother, Annie A Wright
6. Mother's Maiden Name, Annie A Reilley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Garrison Wright
9. Father's Occupation Tobar
10. Father's Birthplace, Centers Ville

Name of Medical Attendant, or other person who makes this Return, Grace Haris

Address, 818 Stockholm Street

Remarks,

8 9 8 U 0 0 1 8 4 0

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been [illegible] the first and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Apr 1 1911 15
4. Place of Birth, (Street and Number) 1 Bronx & McCulloh St
5. Full Name of Mother, Mary Robertson
6. Mother's Maiden Name, Mary Hickey
7. Mother's Birthplace, Maryland
8. Full Name of Father, Robt Robertson
9. Father's Occupation Janitor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. T. Mulvin

Address, 2316 Druid Hill Ave

Remarks, Mendel Jew Lived Somerset Institute

8 9 8 0 0 0 1 8 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH A. 91127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Fourth~~ Third

1. Sex, (state whether male or female) Male James L. McLane Jr. 5/14/20
2. Race or Color, (if not of the white race)
3. Date of Birth, Mar. 17, 1898.
4. Place of Birth, (Street and Number) 1123 N. Calvert St.
5. Full Name of Mother, Augusta J. McLane
6. Mother's Maiden Name, Augusta James
7. Mother's Birthplace, Lovely Hill, Balto. Co., Md.
8. Full Name of Father, Allan McLane, Jr.
9. Father's Occupation, Attorney
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Howard A. Kelly

Address, 1408 Eutaw Place

Remarks,

18980001842

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 17 1898
4. *Place of Birth, (Street and Number)*	16 Clay St.
5. *Full Name of Mother,*	Maggie Ford
6. *Mother's Maiden Name,*	Maggie Chambers
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Fred. Ford
9. *Father's Occupation*	Janitor
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Hannah Hatchett
Address,	609 Campbell St.
Remarks,	

1898 0001843

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 14 1898
4. *Place of Birth, (Street and Number)*	831 N. Monroe
5. *Full Name of Mother,*	Mary Lowell Lutz
6. *Mother's Maiden Name,*	" Lemmon
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Eugene Clinton Lutz
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return,	Harvey Hull
Address,	807 N. Arlington Ave
Remarks,	

8 9 8 0 0 0 1 8 4 4

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, March 28 1898
4. Place of Birth, (Street and Number) 1411 Coria St
5. Full Name of Mother, Mary Burell
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Burell
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Melvin

Address, 2316 Druid Hill ave

Remarks, Antoma Saturnalities

1 8 9 8 0 0 0 1 8 4 5

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A. 91131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Mch. 22th 1898
4. Place of Birth, (Street and Number) 411 S. Exeter St.
5. Full Name of Mother, Kate Conners
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Conners
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

8 9 8 0 0 0 1 8 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Commissioner of Health, and the name and occupation of the person, the date and place of birth, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 28 1858
4. Place of Birth, (Street and Number) Washington St Homestead
5. Full Name of Mother, Anna Moenzka
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Moenzka
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. H. Young Methodist

Address, 237 Gratz th avenue

Remarks,

8980001847

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91133

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Name - Henry John Moritzke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20 1898
4. Place of Birth, (Street and Number) Washington St Homestead not numbered
5. Full Name of Mother, Anna Moritzka
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Moritzka
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Gregory Mathews

Address, 297 Gorsuch Avenue

Remarks,

8980001848

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 91134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, March 22 '98
4. Place of Birth, (Street and Number) 205 Campbell St
5. Full Name of Mother, Clara Dow
6. Mother's Maiden Name, Clara Tech
7. Mother's Birthplace, Va
8. Full Name of Father, John Dow
9. Father's Occupation, Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, J. D. Melvin

Address, 231 E Wrenn Street

Remarks, Antonia Talnes attended

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Wm. J. C. Dulany Co., City Printers and Stationers.

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 9113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22d 1898.
4. Place of Birth, (Street and Number) 1808 Greenmount Ave.
5. Full Name of Mother, Mary Devene.
6. Mother's Maiden Name, Mary Davis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Devene
9. Father's Occupation, Rail Roader.
10. Father's Birthplace, New York.

Name of Medical Attendant, or other person who makes this Return, Chas. S. Woodruff M. D.

Address, 435 E. North ave.

Remarks,

1898 0001850

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. A 91136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The first.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 22. 1898
4. Place of Birth, (Street and Number) No. 1011 E. Bell. St.
5. Full Name of Mother, Malasee Roberson.
6. Mother's Maiden Name, Malasee Michel.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Carly F. Roberson.
9. Father's Occupation Tinner.
10. Father's Birthplace, Kent County,

Name of Medical Attendant, or other person who makes this Return, Carolina V. League

Address, No. 1404. E. Chester. St.

Remarks,

8980001851

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 3-17-69

RETURN OF A BIRTH A 91137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Neuman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Negro
3. Date of Birth, March 24, '98
4. Place of Birth (Street and Number), 2123 N. Gay St.
5. Full Name of Mother, Rebecca Neuman
6. Mother's Maiden Name, Rebecca Heller
7. Mother's Birthplace, Russia
8. Full Name of Father, Herman Neuman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Dr. Frank Hamer

Address, 1013 Madison Ave

Remarks,

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Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. No. 91138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5—

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* March 27 August
4. *Place of Birth, (Street and Number)* 604 Fisher
5. *Full Name of Mother,* Mary "
6. *Mother's Maiden Name,* Ballenger
7. *Mother's Birthplace,* John Fisher
8. *Full Name of Father,* Lotar
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* J A Melvin

Name of Medical Attendant, or other person who makes this Return, United Hillman

Address, 23/6

Remarks, Antonia Salnesartes

8780001853

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child third day of each month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the time prescribed by this section, the practitioner or midwife shall become liable to the penalty hereinafter provided. In the event that a child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male or Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 29 1898.

4. Place of Birth, (Street and Number) 612 Saratoga St

5. Full Name of Mother, Vincensa Citrano

6. Mother's Maiden Name, Moroto

7. Mother's Birthplace, Italy

8. Full Name of Father, Antonio Citrano

9. Father's Occupation Barber

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs J. E. Scherman

Address, 42 Albemarle St

Remarks,

8980001854

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Bur 91140

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth -

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white (Italian)
3. Date of Birth, Tuesday March 29th 98
4. Place of Birth, (Street and Number) 612. W Saratoga St
5. Full Name of Mother, Felice Citrano
6. Mother's Maiden Name, Felice Monuto
7. Mother's Birthplace, Italy
8. Full Name of Father, Vincent Citrano
9. Father's Occupation Barber
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, A. Mitchell M.D.

Address, 112. W. Mulberry St

Remarks,

18980001855

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 7-28-58

RETURN OF A BIRTH A 91141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Maranto

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White (Italian)
3. *Date of Birth,* Tuesday March 29th 98
4. *Place of Birth, (Street and Number)* 612 W Saratoga St
5. *Full Name of Mother,* ~~Felia~~ Citrano, Vincenza
6. *Mother's Maiden Name,* ~~Febia~~ Morrata, Vincenza
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* ~~Vincenzo~~ Citrano, Antonio
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Ashkelon M.D.

Address, 112 W Mulberry St

Remarks,

8980001856

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th 1898
4. Place of Birth, (Street and Number) 18 Washington Pl Ext
5. Full Name of Mother, Julia Gutman
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Joe Gutman
9. Father's Occupation Clothing Presser
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Geo. Weyforth

Address, 1227 E. Monument Ave.

Remarks,

8 9 8 0 0 0 1 8 5 7

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* March 31st 1898
4. *Place of Birth, (Street and Number)* 1348 Carroll Street
5. *Full Name of Mother,* Louisa Clark.
6. *Mother's Maiden Name,* Louisa Smith
7. *Mother's Birthplace,* A. A. County Md.
8. *Full Name of Father,* Chas Clark.
9. *Father's Occupation* Porter.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Grace Harris

Address, 818 Stockholm Street

Remarks,

been committed, its sex, color, the full name and occupation of its parents, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6 Y 8 U 0 9 1 8 5 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Mch 1st, 1895
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Mary Lee
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas. D. Love

Address, 622 W Lombard

Remarks,

8 9 8 0 0 0 1 8 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 91145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 March 1898
4. *Place of Birth, (Street and Number)* 1810 Lancaster St
5. *Full Name of Mother,* Magaret Brauer
6. *Mother's Maiden Name,* M.....
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* .....
9. *Father's Occupation* .....
10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 S. Linn St

Remarks, Baltimore Md

8 7 8 U 0 0 1 8 6 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

And Certificate of Registration of Birth, the date of which shall be within ten days after the birth, and be said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W Colo
3. *Date of Birth,*	March 1 - 98
4. *Place of Birth, (Street and Number)*	115 W Lombard
5. *Full Name of Mother,*	Mary McGarvey
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	D J Lowry
Address,	115 W Lombard
Remarks,	

8 7 8 U 0 0 1 8 6 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 2 98
4. *Place of Birth, (Street and Number)* 529 Ruby Lane
5. *Full Name of Mother,* Anna Little
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. B. Joyce M.D.

Address, 2526 W. Baltimore St.

Remarks,

B 7 8 0 0 0 0 1 8 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Physicians and midwives are required to obtain a list of the births which occur in their practice, and to ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, 3/1/98

4. Place of Birth, (Street and Number) Mid Gen Hosp

5. Full Name of Mother, Ida Anderson.

6. Mother's Maiden Name,

7. Mother's Birthplace, Md

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Mid Gen Hosp.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8980001863

RETURN OF A BIRTH. A. 91149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 3/1 98.
4. *Place of Birth, (Street and Number)* Mid Emt Hosp
5. *Full Name of Mother,* T. Emma Smith
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Geo Adams.
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M L Dart

Address, Mid Emt. Hosp.

Remarks,

B 7 8 U 0 0 1 8 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in midwifery, who shall have been concerned in the birth of any child, shall, within ten days after the birth, report to the office of the Commissioner of Health the full name and occupation of its parents, the date and place of birth, and the sex, color, and full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Mch. 3. 98
4. Place of Birth, (Street and Number) 622 W. Lombard
5. Full Name of Mother, Jennie Jones
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant or other person who makes this Return, Jas. D. Lowe

Address, 622 W. Lombard

Remarks, Twins

8 7 8 0 0 0 1 8 6 5

been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 23
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Jennie Timms
6. Mother's Maiden Name, "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D. Lom

Address, 622 W Lombard

Remarks, Twins

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first a
shall occur without the attendance of a physician or practitioner of Health. In case the birth of any ch
attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of su
child to report its birth to the Commissioner of Health, in the manner and within the period above required, a
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be su
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverab

Wm. J. C. Dulany Co., City Printers and Stationers.

8480001866

RETURN OF A BIRTH. A. 91152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, Mch 3rd 1898

4. Place of Birth, (Street and Number) 772 Sarah Anne St.

5. Full Name of Mother, Carrie Smith

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L M Allen MD

Address, 622 W. Lombard

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

C 7 8 0 0 0 1 8 6 7

RETURN OF A BIRTH. A. 91153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 9-98

4. Place of Birth, (Street and Number) 115 W Lombard

5. Full Name of Mother, Belle Slater

6. Mother's Maiden Name,

7. Mother's Birthplace, Maryland

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D. F. Long

Address, 115 W Lombard

Remarks,

8980001868

Wm. J. C. Dulany Co., City Printers and Stationers.

Before Correction in Sex, Color, the Full Name and Occupation of the Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 3 1898

4. Place of Birth, (Street and Number) 105 E Saratoga

5. Full Name of Mother, Sarah Wagiston

6. Mother's Maiden Name, Sarah Philip

7. Mother's Birthplace, Maryland

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, D A Long

Address, 115 N Fenton

Remarks,

E 9 8 U 0 0 1 8 6 9

If any child born alive within the limits of Baltimore City, after the passage of this Act, shall die without having been registered, the Name and Occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Mch 3. 1898
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Rebecca Scott
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D. Lane

Address, 622 W Lombard

Remarks,

8 9 8 0 0 0 1 8 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4 - 98
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Bessie Smith
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Virginia
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M.D.

Address, Johns Hopkins Hospital.

Remarks,

8980001871

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 9157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, March 4 1895
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Sarah Reed
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D. Lord

Address, 622 W Lombard

Remarks,

been committed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

84800001872

RETURN OF A BIRTH. A. 91158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 6- 98
4. Place of Birth, (Street and Number) 115 N. Lombard St
5. Full Name of Mother, Jennie Jones
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address,

Remarks,

8 7 8 0 0 0 1 8 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Midwife, Physician or Practitioner in attendance upon a birth shall, within ten days thereafter, deliver to the Commissioner of Health a certificate thereof, containing the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Feb. 6th 1898
4. *Place of Birth, (Street and Number)* 1640 E. Mulliken St.
5. *Full Name of Mother,* Susie Tubman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md Not married
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.,

Remarks, Baltimore Md.

8980001874

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Mch 6th 1898
4. *Place of Birth, (Street and Number)* 107 S. Harmony Lane
5. *Full Name of Mother,* Bessie Earl.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L M Allen MD

Address, 622 W. Lombard.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

84 8 U 0 0 1 8 7 5

Said Commissioner as to sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, Mch 8th 1898

4. Place of Birth, (Street and Number) 411 Hamburg St.

5. Full Name of Mother, Bessie John

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D

Address, 622 W. Lombard

Remarks,

8 9 8 0 0 0 1 8 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

The child's sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Mch 8th 1898
4. *Place of Birth, (Street and Number)* 1102 Linn St.
5. *Full Name of Mother,* Emma Robinson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L M Allen MD.

Address, 622 W. Lombard

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Mch 8th 1898
4. *Place of Birth, (Street and Number)*	233 Vincent St
5. *Full Name of Mother,*	Mary Frankleyn
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen MD
Address,	612 W. Lombard
Remarks,	

8480091878

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Mch 8th 1898
4. *Place of Birth, (Street and Number)* 715 Fairland St.
5. *Full Name of Mother,* Minnie Neale
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard

Remarks,

8 7 8 0 0 0 1 8 7 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 9 98
4. Place of Birth, (Street and Number) 632 W Lombard
5. Full Name of Mother, Carrie White
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D. Lowe

Address, 632 W Lombard

Remarks,

8 9 8 U 0 0 1 8 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Mch 10. 1895
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Mary Murphy
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D. Lord

Address, 622 W Lombard

Remarks,

84800018811

Wm. J. C. Dulany Co., City Printers and Stationers.

State of Maryland, Baltimore City, ss: I do solemnly swear that the foregoing return is true to the best of my knowledge and belief, and that the name of the child is as stated, if any name has been given; and that the name cannot be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	March 10th 1898
4. *Place of Birth, (Street and Number)*	1121 E. Watson St.
5. *Full Name of Mother,*	Gertie Butler.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. M. Allen M.D.
Address,	622 W Lombard
Remarks,	

Each Certificate is to state the full name and occupation of its parents, the date and place of birth; and the sex, color, &c., of the child. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 8 U 0 0 1 8 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	March 11th 1898
4. *Place of Birth, (Street and Number)*	531 Cross St.
5. *Full Name of Mother,*	Mary Woods
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	633 W. Lombard
Remarks,	

8 9 8 0 0 0 1 8 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further enacted, That it shall be the duty of the physician or practitioner in attendance upon the mother, immediately after the birth of any child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such physician or practitioner who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sec. 3. Be it further enacted, That it shall be the duty of the Commissioner of Health to cause to be collected from the parents, guardians or other persons having charge of any child born in the City of Baltimore, after the passage of this ordinance, and who shall not have been reported to the Commissioner of Health by the physician or practitioner in attendance upon the mother, the information required to be reported by said physician or practitioner, and to cause the same to be recorded in the office of the Commissioner of Health.

Sec. 4. Be it further enacted, That it shall be the duty of the Commissioner of Health to cause to be collected from the parents, guardians or other persons having charge of any child born in the City of Baltimore, after the passage of this ordinance, and who shall not have been reported to the Commissioner of Health by the physician or practitioner in attendance upon the mother, the information required to be reported by said physician or practitioner, and to cause the same to be recorded in the office of the Commissioner of Health.

Sec. 5. Be it further enacted, That it shall be the duty of the Commissioner of Health to cause to be collected from the parents, guardians or other persons having charge of any child born in the City of Baltimore, after the passage of this ordinance, and who shall not have been reported to the Commissioner of Health by the physician or practitioner in attendance upon the mother, the information required to be reported by said physician or practitioner, and to cause the same to be recorded in the office of the Commissioner of Health.

RETURN OF A BIRTH. A. 91169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Mch 11th 1898
4. *Place of Birth, (Street and Number)* 616 Montgomery St.
5. *Full Name of Mother,* Jane Sprught
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L M Allen M.D.

Address, 677 W Lombard

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 8 U 0 0 1 8 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* N.
3. *Date of Birth,* Mch 11, 1895
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Annie Dillinger
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas. D. Love

Address, 622 W Lombard

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6 7 8 U 9 0 1 8 8 5

RETURN OF A BIRTH. A. 91171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Mch 12th 1898
4. *Place of Birth, (Street and Number)*	730 Lyndecker Court
5. *Full Name of Mother,*	Mary Jackson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen MD
Address,	627 W. Lombard
Remarks,	

8 9 8 0 0 0 1 8 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and shall occur without the mother, immediately thereafter it shall become the duty of the person in the manner provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Mch 13th 1898
4. *Place of Birth, (Street and Number)* 110 S Clark Alley
5. *Full Name of Mother,* Mrs. F. J. Curran
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard

Remarks,

8 9 8 U 0 0 1 8 8 7

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the date and place of birth, and the been conferred, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 14 - 1898
4. *Place of Birth, (Street and Number)*	115 N Lombard
5. *Full Name of Mother,*	Julia Stasuba
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	D. D. Long
Address,	115 N. Lombard
Remarks,	

8980001883

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14/98
4. *Place of Birth, (Street and Number)* 25 L. Castle Str.
5. *Full Name of Mother,* Susie J. Long
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs. Dieuhahn,

Address, MIDWIFE,

Remarks, Single 2225 Gough St. Baltimore, Md.

8 7 8 0 0 0 1 8 8 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Mch 15th 1898
4. *Place of Birth, (Street and Number)*	720 S. Eutaw
5. *Full Name of Mother,*	Mrs. Hirst
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W. Lombard
Remarks,	

8980001890

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17-95
4. Place of Birth, (Street and Number) 115 N. Fremont Ave
5. Full Name of Mother, Mattie Jones
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D. Lowe

Address, 115 N. Fremont Ave

Remarks,

8780001891

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* March 18th 1898
4. *Place of Birth, (Street and Number)* 1605 Caroline St
5. *Full Name of Mother,* Ida Hall
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L M. Allen M.D.

Address, 622 W Lombard

Remarks,

8 4 8 U 0 0 1 8 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall state as the said Return shall require, such child's sex, color, the full name and occupation of its parents, the date and place of birth; and the name (if any) conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	March 20-98
4. *Place of Birth, (Street and Number)*	115 W Lombard
5. *Full Name of Mother,*	Mary Linn
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	West Virginia
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	D J Long
Address,	115 W Lombard
Remarks,	

8980001893

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Mch 20th 1898
4. *Place of Birth, (Street and Number)*	638 Penn alley
5. *Full Name of Mother,*	Grace Washington
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W. Lombard
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

6988U001894

Said Schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	March 22nd — '98
4. *Place of Birth, (Street and Number)*	1334 N. Carey St
5. *Full Name of Mother,*	Maggie Carter
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return	Milton W. Brown M.D
Address,	1324 N. Calhoun St
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

1898 0001895

RETURN OF A BIRTH. A 91181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 23-98
4. *Place of Birth, (Street and Number)*	115 N Longford
5. *Full Name of Mother,*	Annie Stines
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	
9. *Father's Occupation*	—
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	D J Long
Address,	115 N Longford
Remarks,	

8 7 8 U 0 0 1 8 9 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

RETURN OF A BIRTH. A. 91182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* on 24th 1892

4. *Place of Birth, (Street and Number)* 510 S. Durham St.

5. *Full Name of Mother,* Carrie Watman

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Not the father.

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E. Pugh.

Address, 2225 Bank St. City

Remarks,

8 9 8 U 0 0 1 8 9 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 24 - 1898
4. *Place of Birth, (Street and Number)* 115 N Lombard
5. *Full Name of Mother,* Sallie Knight
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 115 N Lombard

Remarks,

E 9 8 0 0 0 1 8 9 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Mch 24th 1898
4. *Place of Birth, (Street and Number)* 1020 S Shorb St
5. *Full Name of Mother,* Susan Jones
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L M Allen MD.

Address, 622 W Lombard

Remarks,

84800018999

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12c

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 25th 1898

4. Place of Birth, (Street and Number) 115 W. Lombard St.

5. Full Name of Mother, Louisa Musick

6. Mother's Maiden Name,

7. Mother's Birthplace, Maryland

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D. J. Long

Address, 115 W. Lombard

Remarks,

1898 000 1900

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, March 25. 05
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Carrie Williams
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jno. D. Ford

Address, 622 W Lombard

Remarks,

8 9 8 U 0 0 1 9 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 9187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Mch 25 95
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Mary Turner
6. Mother's Maiden Name, "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Lee

Address, 622 W Lombard

Remarks,

8 9 8 U 0 0 1 9 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* March 25th 1898
4. *Place of Birth, (Street and Number)* 19 Dolsano Court.
5. *Full Name of Mother,* Josephine Johns
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lanvale st

Remarks,

898U001903

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 26. 1898.
4. *Place of Birth, (Street and Number)* 2508 Raynor Ave.
5. *Full Name of Mother,* Virginia Brewer
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1327 Whitelock St.

Remarks,

8980001904

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, March 26 98
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Susie Dorsey
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D. Lord

Address, 622 W Lombard St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 8 0 0 0 1 9 0 5

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 27-95
4. *Place of Birth, (Street and Number)*	115 W Lombard St
5. *Full Name of Mother,*	Mary McCullough
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	D. Delany
Address,	115 W Lombard
Remarks,	

8980001906

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 25-98
4. *Place of Birth, (Street and Number)* 115 N Lombard
5. *Full Name of Mother,* Hattie Allen
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, D J Jones

Address, 116 N 2-

Remarks,

8980001907

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Mch 8th 1898
4. *Place of Birth, (Street and Number)*	859 Rabon St.
5. *Full Name of Mother,*	Ella Hubbard.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	F. M. Allen M.D.
Address,	622 W. Lombard
Remarks,	

8 9 6 0 0 0 1 9 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-5-57

RETURN OF A BIRTH. A 91194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Emily Catherine Irene 2nd Johnson

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Mch 28, 1898
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Katie Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D. Lord

Address, 622 W Lombard

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

0480001909

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Mch 30th 1898
4. *Place of Birth, (Street and Number)*	724 Welcome Alley
5. *Full Name of Mother,*	Mary Lizzie Lee
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen MD
Address,	627 W. Lombard
Remarks,	

8980001910

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 30 1895
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Lizzie Gray
6. Mother's Maiden Name, "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jas. D Loos

Address, 622 W Lombard

Remarks,

84800019111

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. (1) To state the name, sex, color, the surname and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30 1898
4. Place of Birth, (Street and Number) 517 St Paul St
5. Full Name of Mother, Bessie McHe
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D J Long

Address, 115 W Fayette

Remarks,

8980001912

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 91198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* March 31 - 1895
4. *Place of Birth,* (*Street and Number*) 115 N Longford
5. *Full Name of Mother,* Vivian Hays
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Washington DC
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, D J Long

Address, 115 N F 2

Remarks,

8 9 8 U 0 0 1 9 1 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 3. 1898
4. Place of Birth, (Street and Number) 512 N Fremont ste
5. Full Name of Mother, Bertie Howard
6. Mother's Maiden Name, B. Martin
7. Mother's Birthplace, Virginia
8. Full Name of Father, Edward J. Howard
9. Father's Occupation Insurance - agent
10. Father's Birthplace, Cecil Co. Md

Name of Medical Attendant, or other person who makes this Return, Harris E. Thalheimer M.D

Address, 725 Mulberry ste

Remarks,

8980001914

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 18. 1898.

4. Place of Birth, (Street and Number) 2170 W. North Ave.

5. Full Name of Mother, Louisa E. Smith

6. Mother's Maiden Name, Louisa E. Landsbach

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, W. C. Smith,

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore,

Name of Medical Attendant, or other person who makes this Return, H. Evans

Address, N E Cor Caley & Fayette.

Remarks,

8780001915

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 18 1898

4. Place of Birth, (Street and Number) 706 Hanover street

5. Full Name of Mother, Kellie Plitt

6. Mother's Maiden Name, Kennigkausen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles E Plitt

9. Father's Occupation P. S. teacher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Marie E Stalwitzer M. D.

Address, 725 Mulberry Ste.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH. A. 91202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 19 1898
4. *Place of Birth, (Street and Number)*	1531 Clifton street
5. *Full Name of Mother,*	Bertha Morgan
6. *Mother's Maiden Name,*	H. schultz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Morgan
9. *Father's Occupation*	Police officer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Marie E. Thalwitzer M.D.
Address,	725 Mulberry street
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 24 1898
4. *Place of Birth, (Street and Number)* 414 Pearl street
5. *Full Name of Mother,* Rosie Berlin
6. *Mother's Maiden Name,* R. Kobele
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Maurice Berlin
9. *Father's Occupation* saloon - keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Marie E. Palmitzer M. D

Address, 725 Mulberry ste.

Remarks,

8480001918

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 912044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charlotte Emrich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	March 26. 1898
4. Place of Birth, (Street and Number)	162 Pierce str.
5. Full Name of Mother,	Emma Emrich
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Lee Emrich
9. Father's Occupation	grocer
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Marie E. Schweitzer M. D.
Address,	725 Hanover street
Remarks,	

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8980001919

RETURN OF A BIRTH. A. 91205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Maria White first child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 31 1892
4. Place of Birth, (Street and Number) Baltimore. 1224 Carlton Street
5. Full Name of Mother, Maria Babizon
6. Mother's Maiden Name, Maria White
7. Mother's Birthplace, Calvert Co Md.
8. Full Name of Father, Robert Babizon
9. Father's Occupation Hostler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Larissa Lane

Address, 622 Druid Hill Street

Remarks,

1898 U 0001920

Wm. J. C. Dulany Co., City Printers and Stationers.

...ation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents, of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 27th 1898
4. *Place of Birth, (Street and Number)* No. 102 Argyle Ave
5. *Full Name of Mother,* Susie Johnson
6. *Mother's Maiden Name,* Susie Jackson
7. *Mother's Birthplace,* St Mary's Co Md
8. *Full Name of Father,* Frederick W Johnson
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Queen Anns Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs F Myers

Address, No 922 Bradley St

Remarks,

8 9 8 U 0 0 1 9 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. A. 91207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 29th March 1898
4. *Place of Birth, (Street and Number)* Baltimore city - 505 Baker st
5. *Full Name of Mother,* Mary L Curtis
6. *Mother's Maiden Name,* Mary L Lee
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Richard George Curtis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, ~~Dr S Doty~~

Address, Clark & Lee

Remarks, 1316 Hillen St

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Wm. J. C. [illegible] Co., City Printers and Stationers.

GIVEN NAME ADDED 11-26-52

RETURN OF A BIRTH 91208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Annie Mildred Coleman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12th 1898
4. Place of Birth, (Street and Number) 2814 Huntington Ave
5. Full Name of Mother, Annie Coleman
6. Mother's Maiden Name, Reynolds
7. Mother's Birthplace, Maryland
8. Full Name of Father, George W. Coleman
9. Father's Occupation Fireman (R.R.)
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, R. B. Norment M.D.

Address, 320 Fells Road

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

8980001923

Be it enacted, &c., That the name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 6th 1898
4. *Place of Birth, (Street and Number)*	# 612 Elm Ave.
5. *Full Name of Mother,*	Emma F. McDonald.
6. *Mother's Maiden Name,*	Henry.
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Wm. W. McDonald
9. *Father's Occupation*	Express Driver
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	R. B. Lawrence M.D.
Address,	320 Fulton Road
Remarks,	Richard B. Norment

Wm. J. C. Dulany Co., City Printers and Stationers.

8980001924

RETURN OF A BIRTH. A 91210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, March 10th 1898.
4. Place of Birth, (Street and Number) North West St. near 9th St.
5. Full Name of Mother, Bertha May Sutton
6. Mother's Maiden Name, B.M. Poole
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Jeremiah Sutton
9. Father's Occupation Dairy Business
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, J.H. Zapp M.D.

Address, 2056 W. North Ave.

Remarks,

8 7 8 0 0 0 1 9 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health, within ten days after such birth, by the attending physician or midwife, and in default thereof by the householder, or owner of the premises where such birth occurs, stating the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 912-11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3-13-98
4. Place of Birth, (Street and Number) 1149 E Lombard St
5. Full Name of Mother, Anna Socky
6. Mother's Maiden Name, Anna Weis
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Socky
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, H. O. Humphrin

Address, 501 N Fayette St

Remarks, I thought this had been sent in with each [illegible] till I was making out April Report

8480001926

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 9112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13th 1918
4. *Place of Birth, (Street and Number)* 916 Glen Ave
5. *Full Name of Mother,* Edith Davis
6. *Mother's Maiden Name,* Fairall
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* William C. Davis
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. R. D. Norment MD

Address, 326 Falls Road

Remarks,

BY 8 0001927

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately after the birth of any child shall occur without the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Clinton Crawford ~~Norment~~ Knott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... Male

1. *Sex, (state whether male or female)* ..... White

2. *Race or Color, (if not of the white race)* ..... March 14th 1898

3. *Date of Birth,* ..... 320 Fells Road

4. *Place of Birth, (Street and Number)* ..... Emma M. Norment.

5. *Full Name of Mother,* ..... Starr

6. *Mother's Maiden Name,* ..... Maryland

7. *Mother's Birthplace,* ..... Robert B. Norment.

8. *Full Name of Father,* ..... Physician

9. *Father's Occupation* ..... D. C.

10. *Father's Birthplace,* ..... R. B. Norment M.D.

Name of Medical Attendant, or other person who makes this Return. ..... 320 Fells Road

Address, ...

Remarks, ...

.....

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8980001928

RETURN OF A BIRTH A 912 14

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31st 1898
4. *Place of Birth, (Street and Number)* 336 Roland Ave
5. *Full Name of Mother,* Lucille J. Earp
6. *Mother's Maiden Name,* Mills
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Stephen Wesley
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return Dr. R. Norment M.D.

Address, 321 Tolo Road

Remarks,

1 8 9 8 0 0 0 1 9 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, March 31st 1898
4. Place of Birth, (Street and Number) North Ave & 20th St. Woodbrook
5. Full Name of Mother, Alice Dorsey
6. Mother's Maiden Name, A. Nagle
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Norwood Wallace Dorsey
9. Father's Occupation Store Keeper
10. Father's Birthplace, Frd. Co Md.

Name of Medical Attendant, or other person who makes this Return, J. A. Zepp M.D.

Address, 3050 E. North Ave.

Remarks,

1898 000 1930

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

236 |

RETURN OF A BIRTH. A. 91216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8th Mar 1891
4. *Place of Birth, (Street and Number)* 83 Penn Lane E
5. *Full Name of Mother,* Anna Schmidt
6. *Mother's Maiden Name,* Bopp
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Adolph Schmidt
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Anna Schmidt

Address, 919 N Paca St

Remarks,

8980001931

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

2361

RETURN OF A BIRTH. A. 91217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Nov 3rd 1898

4. *Place of Birth, (Street and Number)* 19 E Lemmon St

5. *Full Name of Mother,* Lena Locus

6. *Mother's Maiden Name,* Silvert

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Eudus Locus

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Anna Bendell

Address, 107 N. Bethel

Remarks,

1898000 1932

Wm. J. C. Dulany Co., City Printers and Stationers.

of its parents, the date and place of birth; and the
been conferred; its sex, color, the full name and occupation of its
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner of
shall occur without the attendance of a physician or practitioner of
attendance upon the mother, immediately thereafter, in the manner
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered

1236

RETURN OF A BIRTH. A. 91218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 12 May 1891

4. *Place of Birth, (Street and Number)* 11 Eutaw Pl

5. *Full Name of Mother,* Minna Trine

6. *Mother's Maiden Name,* Winter

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Heinrich Trine

9. *Father's Occupation* Packer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Anna Nicholl

Address, 1410 W. Pratt St.

Remarks,

1898000 1933

months, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH. A. 91719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Ten May 1898
4. *Place of Birth, (Street and Number)* Emerald St 1902
5. *Full Name of Mother,* Mary Annamanet
6. *Mother's Maiden Name,* no Maiden
7. *Mother's Birthplace,* Prussian
8. *Full Name of Father,* Adam Baltzanowitz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Prussian

Name of Medical Attendant, or other person who makes this Return, Anna Landolt

Address, 1111 E. Baltimore St

Remarks,

8980001934

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in midwifery, who shall be in attendance upon any birth, shall, within ten days after the birth, cause to be delivered to the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of such birth, stating the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A. 91220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22nd March 1898
4. *Place of Birth, (Street and Number)* Frederick Ave 2214.
5. *Full Name of Mother,* Anna Kahl.
6. *Mother's Maiden Name,* Hamm.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Kahl.
9. *Father's Occupation* Brewer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Anna Bouchelt.

Address, 1914. W. Pratt St.

Remarks,

1898 0001935

Wm. J. C. Dulany Co., City Printers and Stationers.

...schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH A. 91221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 22 March 1898

4. Place of Birth, (Street and Number) Ramsay St 306

5. Full Name of Mother, Christiane Deutsch

6. Mother's Maiden Name, Klarwein

7. Mother's Birthplace, Germany

8. Full Name of Father, Max Deutsch

9. Father's Occupation Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Elvira Benedict

Address, 104 W. Read St

Remarks,

8980001936

Wm. J. C. Dulany Co., City Printers and Stationers.

This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236]

RETURN OF A BIRTH. A. 91222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 24 March 1937

4. *Place of Birth, (Street and Number)* 1 Calvert Road 2181

5. *Full Name of Mother,* Isabella Johnson

6. *Mother's Maiden Name,* Oppelbeit

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Harriet Johnson

9. *Father's Occupation* Fisherman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Marbell

Address, 1910 N. Wolfe St

Remarks,

1 8 9 8 0 0 0 1 9 3 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. A 91223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 26th 1898
4. *Place of Birth, (Street and Number)* 2 Bowen Terrace
5. *Full Name of Mother,* Lizzie Thomas
6. *Mother's Maiden Name,* Hickey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Thomas
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Kendall

Address, 194 West Pratt St.

Remarks,

1898000 1938

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health within ten days after such birth, by the attending physician or midwife, and in case there shall be no physician or midwife in attendance, then by the owner, agent, manager or head of the family where such birth occurs, and in case the mother shall be delivered elsewhere than at the place of her usual residence, then by the head of the family with which she usually resides. The certificate shall contain the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1233.]

RETURN OF A BIRTH. A. 91224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March

4. Place of Birth, (Street and Number) 2001 Madison St

5. Full Name of Mother, Maggie [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Lima Ohio

8. Full Name of Father, Rudolf [illegible]

9. Father's Occupation Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

1 8 9 8 0 0 0 1 9 3 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

The Registrar of Vital Statistics shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twice Two
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	March 31 1898
4. *Place of Birth, (Street and Number)*	1104 Woodyear & Balto City
5. *Full Name of Mother,*	Bettie M Rollin
6. *Mother's Maiden Name,*	Bettie M Rollin
7. *Mother's Birthplace,*	Essex Co Va.
8. *Full Name of Father,*	Elisah Rollin
9. *Father's Occupation*	common labor
10. *Father's Birthplace,*	Essex Va.
Name of Medical Attendant, or other person who makes this Return,	Marcia Jones
Address,	1337 Whatcoat St.
Remarks,	

1 8 9 8 0 0 0 1 9 4 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31st 1898
4. Place of Birth, (Street and Number) # 139 N. Hamburg St Balto city
5. Full Name of Mother, Harriet Cath. Mennerick
6. Mother's Maiden Name, " " " " Higdon
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Herman L. Mennerick
9. Father's Occupation Clerk in Tea store
10. Father's Birthplace, Balto City Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Baney

Address, 711 N. Broad St.

Remarks,

8 9 8 0 0 0 1 9 4 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

RETURN OF A BIRTH A. ~~9044~~ 9227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 25 98.
4. *Place of Birth, (Street and Number)*	1804 N. Bond str.
5. *Full Name of Mother,*	Hannie Johnson
6. *Mother's Maiden Name,*	Hannie Ebert
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Edward Johnson
9. *Father's Occupation,*	R. R. Clerk
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this return,	Chas. H. A. Meyer M. D.
Address,	1033 N. Caroline str.
Remarks,	

1898 0001942

Wm. J. C. Dulany Co,. City Printers and Stationers.

Penalty for refusing to report its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 4/98
4. *Place of Birth, (Street and Number)* 1521 Hanford av
5. *Full Name of Mother,* Emma Sommer
6. *Mother's Maiden Name,* Davidson
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chs Sommer
9. *Father's Occupation* Agent
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1206 E. Preston st

Remarks,

8 9 8 U O O 1 9 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Ch
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 7 98
4. *Place of Birth, (Street and Number)*	1232 E. Chase St
5. *Full Name of Mother,*	Maggie Hufnagle
6. *Mother's Maiden Name,*	Bomberger
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Michael Hufnagle
9. *Father's Occupation*	printer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	W. B. Billingsley
Address,	1206 E. Preston St
Remarks,	

8 9 8 U 0 0 0 1 9 4 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 91230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered. Duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8/98
4. *Place of Birth, (Street and Number)* 2645 Boom St
5. *Full Name of Mother,* Jennie Wales
6. *Mother's Maiden Name,* Milburn
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Harry Wales
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1306 E. Preston St

Remarks,

B 78 U 0 0 1 9 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-2-53

RETURN OF A BIRTH 91231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gilbert Mansfield 3rd Rutledge

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12 1918
4. Place of Birth, (Street and Number) 1160 E. North Ave
5. Full Name of Mother, Carrie Rutledge
6. Mother's Maiden Name, Shoenberger
7. Mother's Birthplace, Harford Co Md
8. Full Name of Father, Harry Rutledge
9. Father's Occupation Electrician
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1206 E. Preston St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8980001945

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. B 912 32

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15/98
4. Place of Birth, (Street and Number) 1528 W. Lanvale
5. Full Name of Mother, Sallie Conrad
6. Mother's Maiden Name, Anderson
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, John Conrad
9. Father's Occupation clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1206 E. Preston St

Remarks,

18980001947

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH B. 91233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 18/98
4. *Place of Birth, (Street and Number)*	1204 E. Eager St
5. *Full Name of Mother,*	Minnie Allard
6. *Mother's Maiden Name,*	Ney
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Francis Allard
9. *Father's Occupation*	C B & R. Conductor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	M. B. Billingslea
Address,	1206 E. Eager St
Remarks,	

8980001943

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 25/98
4. *Place of Birth, (Street and Number)*	1003 E. Oliver St.
5. *Full Name of Mother,*	Fannie Smith
6. *Mother's Maiden Name,*	McDonald
7. *Mother's Birthplace,*	Wells
8. *Full Name of Father,*	Henry J. Smith
9. *Father's Occupation*	C. & P. motorman
10. *Father's Birthplace,*	Wells
Name of Medical Attendand, or other person who makes this Return,	M. B. Billingslea
Address,	1206 E Preston St
Remarks,	

8980001949

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B. 91235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26/98
4. *Place of Birth, (Street and Number)* 947 E. Chase St
5. *Full Name of Mother,* Annie Seidel
6. *Mother's Maiden Name,* McNally
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Fred Seidel
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1206 E. Preston St

Remarks,

1 8 9 8 U 0 0 1 9 5 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 91236

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 16, 1898
4. Place of Birth (Street and Number)	# 1827 E. Pratt St.
5. Full Name of Mother	Anna L. Dukehardt
6. Mother's Maiden Name	Anna L. Rohberger
7. Mother's Birthplace	City
8. Full Name of Father	George Dukehardt
9. Father's Occupation	Clerk
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	John H. Rohberger, M.D.
Address	# 1709 Aliceanna St.
Remarks	

8 9 8 0 0 0 1 9 5 1

1236.]

GIVEN NAME ADDED 5-27-66 OF A BIRTH. A. 91237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: KATHERINE PAULINE ~~MACK~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7 1918
4. *Place of Birth, (Street and Number)* 1610 W. Wolfe St
5. *Full Name of Mother,* Bertha Mack
6. *Mother's Maiden Name,* Bertzin
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis Mack
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J. W. Skinner M. D.

Address, 501 E Eager St.

Remarks, 8980001952

the full name of each child, if any shall have month, and shall set forth as far as the same can be ascertained the full been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parties who shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH A. 91238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8 1898
4. *Place of Birth, (Street and Number)* 237 Wm Hughes St
5. *Full Name of Mother,* Rosa Grayard Ellisberg
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Sam Grand
9. *Father's Occupation* State Business
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 95 Lloyd St

Remarks,

8 9 8 0 0 0 1 9 5 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no or parents of such attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner shall become and fail to comply with the provisions of this section, shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 91239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8. 1898
4. Place of Birth, (Street and Number) 223 E. Biddle St
5. Full Name of Mother, Mrs Mary Bennett
6. Mother's Maiden Name, Miss Mary Crandall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. H. Bennett
9. Father's Occupation Merchant
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, B B Browne M.D.

Address, 510 Park Ave.

Remarks,

8980001954

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Return shall state the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, March 10 1898
4. *Place of Birth*, (*Street and Number*) 245 S Caroline St
5. *Full Name of Mother*, Lena Launch
6. *Mother's Maiden Name*, Roffe
7. *Mother's Birthplace*, Russia
8. *Full Name of Father*, Harry Launch
9. *Father's Occupation* Tailor
10. *Father's Birthplace*, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 25 S Lloyd St

Remarks,

18980001955

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH A. 91241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15 1905
4. *Place of Birth, (Street and Number)* 1247 Jackson St.
5. *Full Name of Mother,* Ella G. Lauer
6. *Mother's Maiden Name,* Gallagher
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles E Lauer
9. *Father's Occupation* candy maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J W Seltzer M.D.

Address, 1501 E Eager St

Remarks,

8 9 8 0 0 0 1 9 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11/98.
4. Place of Birth, (Street and Number) 2238 E. Monument St.
5. Full Name of Mother, Emma V. Sumner
6. Mother's Maiden Name, Baker
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward A. Sumner
9. Father's Occupation Wood Turner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, S. W. Isdner M. D.

Address, 1501 E. Eager St

Remarks,

8 9 8 U 0 0 1 9 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15th 4:20 PM 1898
4. *Place of Birth, (Street and Number)* 1216 E Biddle St
5. *Full Name of Mother,* L E Waters - Lottie Estelle Lowther
6. *Mother's Maiden Name,* L E Waters
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Jos D Lowther
9. *Father's Occupation* Foreman
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return Jno E Donnelly M D

Address, 1 E Baltimore St Exch

Remarks,

B 7 8 0 0 0 1 9 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

RETURN OF A BIRTH A. 91244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 14/98.

4. Place of Birth, (Street and Number) 1735 E Federal St

5. Full Name of Mother, Lilly Brodsheff

6. Mother's Maiden Name, Weberman

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry Brodsheff

9. Father's Occupation Salesman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, I H Schulter M.D.

Address, 501 E Eager St

Remarks,

18980001959

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14 1898
4. *Place of Birth, (Street and Number)* 1119 Orleans st
5. *Full Name of Mother,* Mary Ginsberg
6. *Mother's Maiden Name,* Steinberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jack Ginsberg
9. *Father's Occupation* Cap-maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rose Finelberg

Address, 25 Lloyd st

Remarks,

B 9 8 0 0 0 1 9 6 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 91246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18 1878
4. Place of Birth, (Street and Number) 672 Railbuck St
5. Full Name of Mother, Kate Reachsman
6. Mother's Maiden Name, Abramovitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Soloman Reachsman
9. Father's Occupation Grocer - dealer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finneberg

Address, 25 Lloyd St

Remarks,

18780001961

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19 1898
4. Place of Birth, (Street and Number) 1022 Hillen St
5. Full Name of Mother, Fannie Goldstein Marcushky
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Jack Goldstein
9. Father's Occupation Barber
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 2 S Lloyd St

Remarks,

8780001962

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth, and the sex and color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 29 1898

4. Place of Birth, (Street and Number) 1009 Gremley Ln

5. Full Name of Mother, Hesther Waggishyn

6. Mother's Maiden Name, Michelson

7. Mother's Birthplace, Russia

8. Full Name of Father, Max Waggishyn

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Ross Finaley

Address, 21 Gaylord Ln

Remarks,

8980008963

been conferred) its sex, color, the full name and occupation of its parents, and the date of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20 1898
4. Place of Birth, (Street and Number) 210 S. Edendale
5. Full Name of Mother, Rosa Caplan
6. Mother's Maiden Name, Spiegelthaulty
7. Mother's Birthplace, Russia
8. Full Name of Father, Hyam Caplan
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finesburg

Address, 2 & 4 Lloyd St

Remarks,

8 7 8 0 0 0 1 9 6 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall further state the name and occupation of its parents, the date and place of birth, and the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21 1898
4. Place of Birth, (Street and Number) 1119 Orleans St
5. Full Name of Mother, Sarah Steinberg
6. Mother's Maiden Name, Berlin
7. Mother's Birthplace, Russia
8. Full Name of Father, Marcus Steinberg
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finnberg

Address, 25 Lloyd St

Remarks,

B 98 0001965

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A. 91251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22 1898
4. Place of Birth, (Street and Number) 418 Eastern Ave
5. Full Name of Mother, Rebecca Scher
6. Mother's Maiden Name, Baker
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Scher
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finestone

Address, 25 S Lloyd St

Remarks,

1898 U 001966

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the number of children born to the mother, and whether the child is the first and only, or twin, triplet, &c., as the case may be. This certificate shall be signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22nd 1898
4. Place of Birth, (Street and Number) Lombard Ave & 3rd Ave Highlandtown
5. Full Name of Mother, Louisa Mary Mausch
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Chas E. Mausch
9. Father's Occupation Butcher
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return Chas E Dennis MD

Address, 1701 Baltimore St East

Remarks,

8 9 8 0 0 0 1 9 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 29 1898
4. *Place of Birth, (Street and Number)*	425 Gerard ave
5. *Full Name of Mother,*	Mary Ellen Gilley
6. *Mother's Maiden Name,*	Mary Ellen Carter
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Gilley
9. *Father's Occupation,*	oyster Dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Alice Worden
Address,	
Remarks,	

month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the name of its parents, the date and place of birth, and the been conferred,) its sex, color, the full name and occupation of the parents, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 8 0 0 0 1 9 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 29th 1898

4. *Place of Birth, (Street and Number)* 1626 N Bond st

5. *Full Name of Mother,* Maggie Manning Fitzpatrick

6. *Mother's Maiden Name,* Baltimore

7. *Mother's Birthplace,* Wm F Manning

8. *Full Name of Father,* Bricklayer

9. *Father's Occupation.* Ireland

10. *Father's Birthplace,* Mr Worden

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8980001969

Wm. J. C. Dulany Co., City Printers and Stationers.

...tion of its parents, the date and place of birth, and the full name and occupation ... color, the full name and occupation ... been conferred, its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. A. 91256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30/98.
4. Place of Birth, (Street and Number) 718 N Edeu St
5. Full Name of Mother, Sarah Ann Shue
6. Mother's Maiden Name, Logue
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Shue
9. Father's Occupation Horse Shoer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. W. Iddins M.D.

Address, 1531 E. Eager St

Remarks,

8 4 8 0 0 0 1 9 7 0

Health. This schedule shall contain a list of the births which have occurred since its last return to the City Health Department, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH A. 9125-64

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30/98
4. Place of Birth, (Street and Number) 1218 N Caulvert Ave
5. Full Name of Mother, Annie Fladung
6. Mother's Maiden Name, Baker
7. Mother's Birthplace, Balto
8. Full Name of Father, John Fladung
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J W Seldner M.D

Address, 1501 E Eager St.

Remarks,

8 9 8 0 0 0 1 9 7 1

Health. This schedule shall contain a list of the births which have occurred in the family of the person required to report the same during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH A.91257

GIVEN NAME ADDED 11-21-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Della Rosen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2 [redacted] 1898
4. *Place of Birth, (Street and Number)* 1105 E Pratt St
5. *Full Name of Mother,* Ida Rosen
6. *Mother's Maiden Name,* Elenson
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Ellia Rosen
9. *Father's Occupation* Mysson
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

8 9 8 U 0 0 1 9 7 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

RETURN OF A BIRTH. A. 91758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 5th 1898
4. *Place of Birth, (Street and Number)*	1018 E. Fulton St.
5. *Full Name of Mother,*	Rosa M. Voigt
6. *Mother's Maiden Name,*	Rosa M. Markley
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	George W. Voigt
9. *Father's Occupation*	Store-keeper
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Dr. Jefferies Busk
Address,	1051 Augusta St.
Remarks,	

month, after which time the same shall be subject to a penalty of five dollars. The return shall set forth the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 7 8 0 0 0 1 9 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH. A 91259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 31st 1898
4. *Place of Birth, (Street and Number)*	932 E. Eager St.
5. *Full Name of Mother,*	Madeline Lamps
6. *Mother's Maiden Name,*	" Carruthers
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	William A. Lamps
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr. Jefferis Bucy
Address,	1051 Augusta St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 71260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Esther Harr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 28th 1898
4. Place of Birth, (Street and Number) 1210 Myrtle Ave
5. Full Name of Mother, Cora A Harr
6. Mother's Maiden Name, Duffey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Harr
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 N. Carrollton Ave

Remarks,

1898 0001975

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A91761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, March 7/98

4. Place of Birth (Street and Number), 847 Lorman

5. Full Name of Mother, Florence Hacks

6. Mother's Maiden Name, Florence Buertch

7. Mother's Birthplace, Charleston S.C

8. Full Name of Father, Jas. P. Hacks

9. Father's Occupation, Grocer

10. Father's Birthplace, Goldsboro N.C

Name of Medical Attendant, or other person who makes this Return. W.D. Thomas M.D.

Address, 6 W. Carrollton ave

Remarks,

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

8 9 8 U 0 0 1 9 7 6

RETURN OF A BIRTH A 91262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 5th 1895
4. *Place of Birth, (Street and Number)*	38 Old Town Rd Balto.
5. *Full Name of Mother,*	Annie Lottie
6. *Mother's Maiden Name,*	Annie Lister
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Charles F. Lotte
9. *Father's Occupation*	Carter
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Dr. B. Stark M.D.
Address,	75 Jefferson Ave. Balto.
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the number of children born to the mother, and whether the child was born alive or dead; and in case of a birth between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A-41263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Joseph Bauman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17th 1898
4. *Place of Birth, (Street and Number)* 1620 E. Madeira St
5. *Full Name of Mother,* Justina Bauman
6. *Mother's Maiden Name,* Gaa
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Bauman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Francis A. Dawson M.D.

Address, 1400 Jefferson St

Remarks, D.C. 11-5-52

8980001978

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

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Vol 16
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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3 1878
4. Place of Birth, (Street and Number) 1701 Hyde Park ave.
5. Full Name of Mother, Bessie Wolfe
6. Mother's Maiden Name, Bessie Grace
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Max. Wolfe.
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. E. Evans

Address, N. E. Cor Edney & Fayette

Remarks,

8480001979

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2. 1895
4. *Place of Birth, (Street and Number)* 1713 E. Lanvale St.
5. *Full Name of Mother,* Anna Louisa Hannaan
6. *Mother's Maiden Name,* " " Pfaff
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* John Hannaan
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Jas. H. Harman M.D.

Address, 1121 N. Caroline St.

Remarks,

8980001980

Wm. J. C. Dulany Co., City Printers and Stationers.

[36.]

RETURN OF A BIRTH. A. 9126 T

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3, 1881
4. Place of Birth, (Street and Number) 659 W Lee St
5. Full Name of Mother, Julia E. Carroll
6. Mother's Maiden Name, " " Vane
7. Mother's Birthplace, Dorchester Co, Md
8. Full Name of Father, Geo W Carroll
9. Father's Occupation, Farmer
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Thos McLumpkin MD

Address, 602 S Arca St

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

6 9 8 0 0 0 1 9 8 1

Blanks and Schedules not filled out as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-12-60

RETURN OF A BIRTH. 91268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Letitia Irene Mannar

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4, 1898
4. Place of Birth, (Street and Number) 1041 McKeough St.
5. Full Name of Mother, Carrie L. Mannar
6. Mother's Maiden Name, " " Mercer
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Augustus William Mannar
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Jos. A. Hartman M.D.

Address, 1121 McCulloh St.

Remarks,

B 9 8 0 0 0 1 9 8 2

Said Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6. 1895
4. Place of Birth, (Street and Number) 1503 E. Hoffman St.
5. Full Name of Mother, Catherine Hax
6. Mother's Maiden Name, " Vogel
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Henry W. Hax
9. Father's Occupation Furniture Dealer
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Jno. A. Hartman M.D.

Address, 1121 N Carlton St.

Remarks,

The said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

BY 8 U 0 0 1983

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RETURN OF A BIRTH. A 91270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7/98
4. Place of Birth, (Street and Number) 632 S. Fremont (Rear)
5. Full Name of Mother, Willie Lepse
6. Mother's Maiden Name, " Moore
7. Mother's Birthplace, Dorchester Co Md.
8. Full Name of Father, John L. Lepse
9. Father's Occupation Glass Blower
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos M Lumpkin M.D.

Address, 602 S. Paca St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH A. 91271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) William Powell Herman Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 11, 1895

4. Place of Birth, (Street and Number) Harford Ave & Lake Ave

5. Full Name of Mother, Isabel Herman

6. Mother's Maiden Name, " Price

7. Mother's Birthplace, Northampton Co. Va

8. Full Name of Father, Thomas C. Herman

9. Father's Occupation Builder

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Jno A Hartman M.D.

Address, 1121 N Caroline St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH

A. 91272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Arthur Edward Moran

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11, 1895
4. Place of Birth, (Street and Number) 2230 E. Chase st.
5. Full Name of Mother, Agnes Gertrude Moran
6. Mother's Maiden Name, " Cadori
7. Mother's Birthplace, Gettysburg, Penn.
8. Full Name of Father, Chas. Jos. Moran
9. Father's Occupation Builder
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Carlton st.

Remarks,

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. A 91273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 12 1898
4. Place of Birth, (Street and Number) 119 Druid Street
5. Full Name of Mother, Leane Chew
6. Mother's Maiden Name, Leane Trimble
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Albert Chew
9. Father's Occupation Porter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Hester Cotanee

Address, 507 West Preston Street

Remarks, Cycanne this reported as twin over

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Wm. J. C. Dulany Co., City Printers and Stationers.

Mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 9127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Youth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 14 1895

4. Place of Birth, (Street and Number) 928 Hopkins Ave.

5. Full Name of Mother, Helena Fiehn

6. Mother's Maiden Name, " Buschmann

7. Mother's Birthplace, Germany

8. Full Name of Father, Reinhart Fiehn

9. Father's Occupation Baker & Confectioner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N Eutaw St

Remarks,

B 4 8 0 0 0 8 : 9 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15. 1895
4. Place of Birth, (Street and Number) 1205 N. Broadway
5. Full Name of Mother, Lillian Vivian King
6. Mother's Maiden Name, MacIntosh
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Harry C. King
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the case, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8980001989

RETURN OF A BIRTH. 91276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 15. 1895

4. Place of Birth, (Street and Number) 221 E Monument St.

5. Full Name of Mother, Rebecca Jane Jenner

6. Mother's Maiden Name, " " Hall

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Chas. Edw. Jenner

9. Father's Occupation Bricklayer

10. Father's Birthplace, Lancaster Penn.

Name of Medical Attendant, or other person who makes this Return, Jno. A. Hartman M.D.

Address, 1121 N Carlton St

Remarks,

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Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 4-15-64

A 91277

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catherine Campbell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4 1895

4. Place of Birth, (Street and Number) 1419 E. Federal St.

5. Full Name of Mother, Kate L. Campbell

6. Mother's Maiden Name, " " Emmart

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Stephen P. Campbell

9. Father's Occupation Attorney at Law

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner, as required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th 1898.
4. Place of Birth, (Street and Number) 174 Old York road
5. Full Name of Mother, Catherine S Brooks
6. Mother's Maiden Name, Schaefer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Abraham O Brook
9. Father's Occupation Cigar maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J B Hartzell

Address, 815 N Pennsylvania Ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st 1898
4. Place of Birth, (Street and Number) 1140 Cleveland st
5. Full Name of Mother, Annie Pettis
6. Mother's Maiden Name, Annie Riffler
7. Mother's Birthplace, Washington D C
8. Full Name of Father, William H. Pettis
9. Father's Occupation Driver
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 S. Gross St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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GIVEN NAME ADDED 11-4-59

RETURN OF A BIRTH A. 91282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Argie Rebecca Hanley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 ?

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 11. (1:15 A. M.) 1898.
4. Place of Birth, (Street and Number) 1739 Patapsco Street.
5. Full Name of Mother, Martha Jane Hanley
6. Mother's Maiden Name, Wakeland
7. Mother's Birthplace, Churchville
8. Full Name of Father, Thomas Henry Hanley,
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E. M. Kaine for the

Address, Mothers Relief Society 1712 Eutaw Place

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

...ber of each child born alive, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 1st 98
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Harriet Dimes
6. Mother's Maiden Name, Harriet Cooper
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas H Dimes
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M D

Address, The Johns Hopkins Hospital

Remarks,

8 7 8 0 0 0 1 9 9 5

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 91284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child — 5th

1. *Sex, (state whether male or female)* 4th Female — 5th Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr 1st 1898
4. *Place of Birth, (Street and Number)* 208 Victory Ave. Hampden
5. *Full Name of Mother,* Lydia K. Sist
6. *Mother's Maiden Name,* Lydia K. Shue
7. *Mother's Birthplace,* York Co Pa
8. *Full Name of Father,* Peter L Sist
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return, Geo I Shower M.D.

Address, 421 Roland Ave

Remarks,

8 9 8 0 0 0 1 9 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 April 1898
4. *Place of Birth, (Street and Number)* 802 Broadway
5. *Full Name of Mother,* Mary Banach
6. *Mother's Maiden Name,* M. Szwajkowska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bruno Banach
9. *Father's Occupation* Tobacco
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 Aisquith St

Remarks, Baltimore

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Wm. J. C. Dulany Co., City Printers and Stationers.

Every Commissioner of Health, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21-98
4. Place of Birth, (Street and Number) 1916 Ingraham Street
5. Full Name of Mother, Caroline Katenbach
6. Mother's Maiden Name, Caroline Hillis
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry H. Katenbach
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Thomas Curtis M.D.

Address, 700 E. Baltimore St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. B. 91287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W.L.
3. *Date of Birth,*	apr. 1/98
4. *Place of Birth, (Street and Number)*	2532 Mary st.
5. *Full Name of Mother,*	Mrs Geo. W. Anstine
6. *Mother's Maiden Name,*	Agnes E. Norris
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Geo W. Anstine
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address,	2531 Penna Ave
Remarks,	

8 7 8 U 0 0 1 9 9 9

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH B. 91288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr. 1/48
4. *Place of Birth, (Street and Number)*	2532 Frances St.
5. *Full Name of Mother,*	Mrs Jas. R Dutton
6. *Mother's Maiden Name,*	Louisa Tourzel
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Jas. R Dutton
9. *Father's Occupation*	Coal Dealer
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D.
Address,	2526 Penna Ave
Remarks,	

18980002000

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 1 '98

4. Place of Birth, (Street and Number) 534 N Caroline St

5. Full Name of Mother, Lizzie Tucker

6. Mother's Maiden Name, " Lynch

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Chas Tucker

9. Father's Occupation Cutter

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Harlem St

Remarks,

8 9 8 0 0 0 8 2 0 0 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (state whether male or ~~female~~)
2. *Race or Color,* (if ~~not of the white race~~)
3. *Date of Birth,* 1 April 1898
4. *Place of Birth,* (Street and Number) 605 Madison St. Waverly.
5. *Full Name of Mother,* Mrs. Dorothea Buselmeier.
6. *Mother's Maiden Name,* Dorothea Meid
7. *Mother's Birthplace,* USA
8. *Full Name of Father,* Carl Buselmeier.
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Benj. F. Leonard M.D.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 8 0 0 0 2 0 0 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st 1898
4. Place of Birth, (Street and Number) 822 S Dallas St
5. Full Name of Mother, Mary Lewelay
6. Mother's Maiden Name, Jass
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Paul Lewelay
9. Father's Occupation Work-man
10. Father's Birthplace, Pole Russian

Name of Medical Attendant, or other person who makes this Return, Mary Pietl

Address, 158 S Bond St.

Remarks,

1898000 2003

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 1st 1878
4. *Place of Birth (Street and Number),* 1112 E. Lombard St
5. *Full Name of Mother,* Fanny DeMare
6. *Mother's Maiden Name,* Fanny Berry
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* S. S. DeMare
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. William F. Davis

Address, 1031 Madison Ave

Remarks,

ferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

altimore Publishing Co., City Printers and Stationers

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RETURN OF A BIRTH. A 91293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 1st 1898
4. *Place of Birth, (Street and Number)* 1020 Eastern Ave.
5. *Full Name of Mother,* Lena F. Flynn
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John J. Flynn
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Bernstein

Address, 122 S. Exeter St.

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8980002005

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. A 91294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female.)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 6 1898
4. *Place of Birth, (Street and Number)* Herrymans Lane
5. *Full Name of Mother,* Maggie Payne
6. *Mother's Maiden Name,* [illegible] Bonaparte
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Nicholas Payne
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, #8 Tait St Waverly

Remarks, Well

8980002006

Wm. J. C. Dulany Co,. City Printers and Stationers.

The Health Commissioner shall prepare a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH A 91295

GIVEN NAME ADDED 6-8-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Miles Howard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April the 1st 1899
4. *Place of Birth, (Street and Number)* 308 No Fulton Ave
5. *Full Name of Mother,* Rosie B Fairbank
6. *Mother's Maiden Name,* Rosie B Coleman
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Howard D Fairbanks
9. *Father's Occupation* Painter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, M A Tedder

Address, 1004 West Lexington St

Remarks,

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 1 1895

4. Place of Birth, (Street and Number) Baltimore Private

5. Full Name of Mother, Sadie Shiller

6. Mother's Maiden Name, Sadie Seiler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Shiller

9. Father's Occupation Grocer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Ruth [illegible]

Address, [illegible] S. Monroe St

Remarks,

8980002008

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 91297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6 1898.
4. *Place of Birth, (Street and Number)* 1432 Orleans St
5. *Full Name of Mother,* Johanne Scheerer
6. *Mother's Maiden Name,* Johanne Graf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Scheerer
9. *Father's Occupation* Ingenier
10. *Father's Birthplace,* New Jers

Name of Medical Attendant, or other person who makes this Return, Mrs Otta Hill

Address, 207 N. Castle St

Remarks,

8980002009

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall state as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th 3d.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th of April 1898
4. *Place of Birth, (Street and Number)*	No 906 E Eager St
5. *Full Name of Mother,*	Johanna Ehmer
6. *Mother's Maiden Name,*	Johanna Schmidt
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Peter Ehmer
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs C H Lauer
Address,	No 1059 Harford Ave
Remarks,	Bal. Md
	1898

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 91299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Mal.
2. Race or Color, (if not of the white race) Wh.
3. Date of Birth, April 1st 1898
4. Place of Birth, (Street and Number) No 1510. Marshall St.
5. Full Name of Mother, Mollie Winkel
6. Mother's Maiden Name, Mollie Spencer.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Winkel
9. Father's Occupation Brush Maker.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Brooks.

Address, No 1828 Light St.

Remarks, Doing Well.

8 9 8 0 0 0 2 0 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Name, and such other facts as can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 1st 1898
4. Place of Birth, (Street and Number) 207 S. High st.
5. Full Name of Mother, Sarah Jacobson
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Jacob Jacobson
9. Father's Occupation Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

8980002012

Wm. J. C. Dulany Co., City Printers and Stationers.

Record, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A. 91301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 April 1898
4. *Place of Birth, (Street and Number)* 509 N. Howard st
5. *Full Name of Mother,* Nelly Levy
6. *Mother's Maiden Name,* Mc Dermott
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Ralph Levy
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Ina K Ulbig

Address, 1302 E Lexington st

Remarks,

8980002013

Wm. J. C. Dulany Co,. City Printers and Stationers.

Each physician or midwife in attendance upon a birth shall make a return thereof, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st 1898
4. Place of Birth, (Street and Number) 2908 Huntingdon Ave
5. Full Name of Mother, Mrs. Leonard Brown
6. Mother's Maiden Name, Fanny Foard
7. Mother's Birthplace, Frederick, Md
8. Full Name of Father, Leonard Brown
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Co. Md

Name of Medical Attendant, or other person who makes this Return, F.B. Marden M.D.

Address, 2910 Huntingdon Ave

Remarks, Normal L.O.A. position. Both doing well

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91303

GIVEN NAME ADDED 6-28-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Oliver ~~Leroy~~ Armiger 4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1, 1898
4. Place of Birth, (Street and Number) 823 S. Charles st
5. Full Name of Mother, Florence Olevia Armiger
6. Mother's Maiden Name, Florence Olevia Knight
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Armiger
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 300 Seabenhall Street.

Remarks,

1898 U 002015

Wm. J. C. Dulany Co., City Printers and Stationers.

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91304.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 1 1895.
4. Place of Birth, (Street and Number) 507 N. Gilmor
5. Full Name of Mother, Helen Sunderland
6. Mother's Maiden Name, Helen Pearson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Sunderland
9. Father's Occupation, Merchant
10. Father's Birthplace, Maryland.

Name of Medical Attendant or other person who makes this Return. H. Pearson

Address, 1-2 Dr Carey & Fayette.

Remarks,

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2nd 1898
4. *Place of Birth, (Street and Number)* 103 E. Williamson St.
5. *Full Name of Mother,* Annie Phister
6. *Mother's Maiden Name,* Annie Cassiday
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Joseph Phister
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Elsie Brooks

Address, No 1828 Light St

Remarks, Doing Well

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 91306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd 1898
4. Place of Birth, (Street and Number) No 201 Hanover St.
5. Full Name of Mother, Bridget Kelly.
6. Mother's Maiden Name, Bridget Mac Kelly
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Tomas Kelly.
9. Father's Occupation Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks.

Address, No 1828 Light St

Remarks, Doing Well

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Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd 1898
4. Place of Birth, (Street and Number) # 1227 Bryant St.
5. Full Name of Mother, Anna Maria Gibson
6. Mother's Maiden Name, Anna Maria Fleishman
7. Mother's Birthplace, Germany
8. Full Name of Father, Robert E. Gibson
9. Father's Occupation Hunter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Walters

Address, # 828 N. Peter St.

Remarks,

8480002019

Wm. J. C. Dulany Co., City Printers and Stationers.

If any child shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(250.)

RETURN OF A BIRTH. A. 91308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 2 — 1898
4. Place of Birth, (Street and Number) 251 S. Dallas St.
5. Full Name of Mother, Maria Estelle Griffin
6. Mother's Maiden Name, Stanley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joshua Griffin
9. Father's Occupation Laborer
10. Father's Birthplace, Cockeysville Md

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Oak St.

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8980002020

1886.]

RETURN OF A BIRTH A 91309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 2 [illegible] 88
4. Place of Birth, (Street and Number) No 6 Marriott St
5. Full Name of Mother, Agnika Kleiknski
6. Mother's Maiden Name, Franziska Fidriohowska
7. Mother's Birthplace, Germany
8. Full Name of Father, Jack Kleiknski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No 512 Frederick Ave

Remarks,

8 9 8 U 8 0 2 0 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

the name, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Orig

RETURN OF A BIRTH 91310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, (if child has been named)	Gertrude Adele Kutzleb
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 2nd 98.
4. Place of Birth, (Street and Number)	1703 W. North ave
5. Full Name of Mother,	Martha A. Kutzleb.
6. Mother's Maiden Name,	" Bartels
7. Mother's Birthplace,	New York State
8. Full Name of Father,	Richard Kutzleb
9. Father's Occupation	Agent for Rubber-goods
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Thomas Offie M.D
Address,	219 W. Monument St.
Remarks,	

8 9 8 0 0 0 0 0 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...ertained the full name of each child, if any shall have ...ion of its parents, the date and place of birth; and the ...ioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...been conferred), its sex, color, the full name and occupation of the ...said schedule shall be delivered, duly signed by the practitioner, ...third day of each and every month to the office of the practitioner ...shall occur without the attendance of a physician or practitioner, it shall be ...mother, immediately thereafter it shall be sub... the manner and within the period above required, and ...attendance upon the birth to the Commissioner of Health, in the ...child to report its birth to the Commissioner of Health, in the ...shall become the duty of the person or persons required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... comply with the provisions of this section, to be recoverable ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. D 91311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 2. 1898.
4. *Place of Birth, (Street and Number)* 1008 Compton Street.
5. *Full Name of Mother,* Marie Auguste Baily.
6. *Mother's Maiden Name,* Walther.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles, Franklin Baily.
9. *Father's Occupation* Painter.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kaunel.

Address, 1412 Eutaw Place.

Remarks, (Mothers Relief Society).

8 7 8 0 0 0 2 0 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) it's sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child of any such have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21/98
4. Place of Birth, (Street and Number) 3422 Chestnut Ave.
5. Full Name of Mother, Theresa Ewert
6. Mother's Maiden Name, Theresa Fenette
7. Mother's Birthplace, Woodmin, Howard Co. Md
8. Full Name of Father, Charles Albert Ewert
9. Father's Occupation Mill Employé
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Albert Shelley M.D.

Address, 3426 Chestnut Ave.

Remarks,

1898 U 002024

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH B. 91313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2/98.
4. *Place of Birth, (Street and Number)* 418 Turner Place
5. *Full Name of Mother,* Blanche Etta Rose Bradford
6. *Mother's Maiden Name,* Blanche Etta Rose Mariner
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* John William Bradford
9. *Father's Occupation* R. R. Flagman.
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, C. A. Shelley M.D.

Address, 3426 Chestnut Ave.

Remarks,

8 9 8 U 0 0 0 2 0 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Apl. 2nd, 1898
4. Place of Birth, (Street and Number) 2303 McElderry St.
5. Full Name of Mother, Clara Cook
6. Mother's Maiden Name, Clara Waters
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Nelson Cook
9. Father's Occupation Hostler
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

18980002026

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Apl. 2nd. 1898
4. Place of Birth, (Street and Number) 16, Chestnut St.
5. Full Name of Mother, Rebecca Gibson
6. Mother's Maiden Name, Rebecca Dodd
7. Mother's Birthplace, Baltimore Co., Md.
8. Full Name of Father, Henry Gibson
9. Father's Occupation Laborer
10. Father's Birthplace, Eastern Shore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

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Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A. 91316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, second April 1898
4. Place of Birth, (Street and Number) 1324 Stockton Street
5. Full Name of Mother, Katie Hafner
6. Mother's Maiden Name, Katie Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew J. Hafner
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah E Dyer

Address, 1312 Stockton

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH A 91317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* April - 2 - 98
4. *Place of Birth,* (*Street and Number*) 113 W. Fontard
5. *Full Name of Mother,* Lucy Joyce
6. *Mother's Maiden Name,* Lucy
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, D. Strong

Address, 113 W. F.

Remarks,

18980002029

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK SAFE

RETURN OF A BIRTH D. 91318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apl. 2 nd, 1898
4. Place of Birth, (Street and Number) 305 E. West St.
5. Full Name of Mother, Lilly Nicklis
6. Mother's Maiden Name, Lilly Shenton
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, Jas. W. Nichols
9. Father's Occupation Huckster
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hosp.,

Remarks, Baltimore Md.

1898 00 02030

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 2, '98

4. Place of Birth, (Street and Number) 1139 Low St.

5. Full Name of Mother, Mary Glazer

6. Mother's Maiden Name, " Manderbach

7. Mother's Birthplace, Germany

8. Full Name of Father, John Glazer

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1606 Walker St.

Remarks,

8 9 8 0 0 0 2 0 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

As soon as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH No. 91320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2/98
4. *Place of Birth, (Street and Number)* 2016 Harford Ave.
5. *Full Name of Mother,* Maggie Knecht
6. *Mother's Maiden Name,* Popp
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Knecht
9. *Father's Occupation* Brewmaster
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 V 8 0 0 0 2 0 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 2nd 1898
4. *Place of Birth, (Street and Number)*	1807 Duncan Place
5. *Full Name of Mother,*	Theresa Gorsuch
6. *Mother's Maiden Name,*	——— Hoff
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Gorsuch
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	W. C. Sandrock
Address,	1242 N. Broadway
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers

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GIVEN NAME CODED 4-19-60

RETURN OF A BIRTH A 91322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Louise Rosier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd 1898
4. Place of Birth, (Street and Number) 22 N Green St Baltimore Md
5. Full Name of Mother, Myrtle Rosier
6. Mother's Maiden Name, Myrtle Randolph
7. Mother's Birthplace, Salem W Va
8. Full Name of Father, John B Rosier
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Salem W Va

Name of Medical Attendant or other person who makes this Return, Jane Simms

Address, 640 Raborg St. Baltimore Md.

Remarks,

1898000 2034

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

RETURN OF A BIRTH A 91323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	2nd April 98
4. Place of Birth, (Street and Number)	413 S. Pulaski St
5. Full Name of Mother,	Catherine Lehnert
6. Mother's Maiden Name,	Catherine Harker
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	John A. Lehnert
9. Father's Occupation	Painter
10. Father's Birthplace,	Carroll Cnty Md.
Name of Medical Attendant, or other person who makes this Return,	Mary A Foley
Address,	1004 W. Lexington St
Remarks,	

18980002035

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 11-30-49

RETURN OF A BIRTH A 91324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alice Moehlmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 2 1924

4. Place of Birth, (Street and Number) 1st Mother's Home

5. Full Name of Mother, Clara Moehlmann

6. Mother's Maiden Name, Bode

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Moehlmann

9. Father's Occupation Salesman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas L. Grant M.D.

Address, 1916 E. Monument St.

Remarks,

8 4 8 0 0 0 2 0 3 5

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if, shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH A. 91325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wh.
3. Date of Birth, April 2nd 95
4. Place of Birth, (Street and Number) 2205 Druid Hill Ave
5. Full Name of Mother, Minnie Reuter
6. Mother's Maiden Name, " Lake
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Reuter
9. Father's Occupation Merchant
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, C. L. F. Fuss M.D.

Address, 2470 Druid Hill Ave

Remarks,

8 9 8 0 0 0 2 0 3 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted, its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. A 91326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 2 — 1893
4. Place of Birth, (Street and Number) 314 President St.
5. Full Name of Mother, Anna Mohr
6. Mother's Maiden Name, Salzmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Mohr
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 142 E. Pratt St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

6 9 8 0 0 0 : 0 3 3

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics within three days after the same, with the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A. 91327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 2th 1898
4. Place of Birth, (Street and Number) Baltimore city 628 S Shark St
5. Full Name of Mother, Maggie A L Mace
6. Mother's Maiden Name, Maggie A L Chester
7. Mother's Birthplace, Dorchester County Maryland
8. Full Name of Father, John Francis Mace
9. Father's Occupation, Lumber driver
10. Father's Birthplace, Dorchester County Maryland

Name of Medical Attendant, or other person who makes this Return, Annie M Davis

Address, 914 Leaden Hall St

Remarks, Baltimore city 1898

1898 0002039

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 91328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 3. 1898.
4. *Place of Birth, (Street and Number)* 1719 S. Charles Street.
5. *Full Name of Mother,* Ida Goeller,
6. *Mother's Maiden Name,* Schraluder,
7. *Mother's Birthplace,* Geisfeld near Bamberg - Bavaria.
8. *Full Name of Father,* Johann Goeller,
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Weberdorf near Hochstadt a/Main.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune.

Address, 1412 Eutaw Place

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B 91329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3rd 1898
4. Place of Birth, (Street and Number) 207 N Wolfe Street
5. Full Name of Mother, Anna Zinser
6. Mother's Maiden Name, Anna Kolb
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Victor Zinser
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. Koppe Midwife

Address, 1922 E Fayette Street

Remarks,

8 9 8 0 0 0 2 0 4 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A- 91330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 3, 1898

4. Place of Birth, (Street and Number) No. 821 Light St. East

5. Full Name of Mother, Johanna Braden

6. Mother's Maiden Name, Johanna McKenna

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Braden

9. Father's Occupation Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eug. L. Stewart M.D.

Address, 1241 Hanford ave.

Remarks,

8980002042

Wm. J. C. Dulany Co., City Printers and Stationers.

be conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3 1898.
4. Place of Birth, (Street and Number) 1140 Mc Elderry st
5. Full Name of Mother, Mary Cohen
6. Mother's Maiden Name, J Max
7. Mother's Birthplace, Russia
8. Full Name of Father, Barney Cohen
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 42 Aliceanna st

Remarks,

8 7 8 0 0 0 2 0 4 3

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 91333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mabel Margaret ——— Huttenberger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex*, (state whether male or female) female
2. *Race or Color*, (if not of the white race) colored
3. *Date of Birth*, April 3rd 1898
4. *Place of Birth*, (Street and Number) 1137 E. Lombard st.
5. *Full Name of Mother*, Sophia Huttenberger
6. *Mother's Maiden Name*, " Lemmon
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Francis Huttenberger
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Bernstein

Address, 122 S. Exeter st.

Remarks, GIVEN NAME ADDED 1-8-54

L.M.

8980002044

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be registered as soon as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A. 91333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Boulton Kelly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 3, 1898.
4. Place of Birth, (Street and Number) 1406 Eutaw Place,
5. Full Name of Mother, Laetitia Kelly
6. Mother's Maiden Name, Laetitia Bredow
7. Mother's Birthplace, Stettin, Germany
8. Full Name of Father, Howard A. Kelly
9. Father's Occupation Physician
10. Father's Birthplace, Camden, N. J.

Name of Medical Attendant, or other person who makes this Return, Howard A. Kelly,

Address, 1406 Eutaw Place

Remarks,

8480002045

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-91334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3rd 1898
4. *Place of Birth, (Street and Number)* 512 E. Front street
5. *Full Name of Mother,* Rosa Judge
6. *Mother's Maiden Name,* Rosa Mc Henry
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Judge
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1036 E. Front st

Remarks,

8788002046

Wm. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th,

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 703 Payson st April 3 98
4. *Place of Birth, (Street and Number)* 763 Payson St
5. *Full Name of Mother,* Alice Bee
6. *Mother's Maiden Name,* Alice Dale
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Edw E. Bee
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, J. L. Hooper

Address, 1202 N. Gilmor st.

Remarks,

8980002047

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. A. 91336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Flora Fanny Marie Eyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 3rd 1898
4. Place of Birth, (Street and Number) No. 2114 Hay Ann St
5. Full Name of Mother, Marie Eyer
6. Mother's Maiden Name, Marie Krautter
7. Mother's Birthplace, Germany
8. Full Name of Father, Christian Eyer
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No. 512 Frederick Ave

Remarks,

8 7 8 0 0 0 2 0 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH B 91337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	April 3th/98
4. *Place of Birth, (Street and Number)*	# 2038 Madeira St
5. *Full Name of Mother,*	Nora Causwell
6. *Mother's Maiden Name,*	Nora Berryman
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	James Causwell
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A Pertner
Address,	241 S. Chester st
Remarks,	

8 7 8 0 0 0 2 0 4 9

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH A 91338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 3th/98
4. *Place of Birth, (Street and Number)*	#2239 Eastern Ave
5. *Full Name of Mother,*	Kate Breaman
6. *Mother's Maiden Name,*	Kate Klaus
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Breaman
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary A. Perter
Address,	#241 S. Chester st.
Remarks,	

8780002050

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Frederick Koerner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apl 3rd 1898
4. Place of Birth, (Street and Number) 132 S. Durham St.
5. Full Name of Mother, Martha Koerner
6. Mother's Maiden Name, Martha Rottman
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John L. Koerner
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters

Address, Johns Hopkins Hospital

Remarks, Baltimore Md.

8 7 8 0 0 0 2 0 5 1

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Physicians and midwives are required to report the birth of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2112 Mt Royal av
4. Place of Birth, (Street and Number) April 3rd 98
5. Full Name of Mother, Mamie Pollock
6. Mother's Maiden Name, Mamie Smith
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Robt H Pollock
9. Father's Occupation Merchant
10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison av

Remarks,

8980002052

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91341

GIVEN NAME ADDED 11/27/71

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ELSIE GERTRUDE AMENT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3. 1898
4. *Place of Birth, (Street and Number)* 1710 Patterson Ave
5. *Full Name of Mother,* Annie Katie Ament
6. *Mother's Maiden Name,* Annie Katie Stoeckle
7. *Mother's Birthplace,* Germantown Phil. Penn.
8. *Full Name of Father,* Joseph Wm Ament
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* Balto City Md

Name of Medical Attendant, or other person who makes this Return. Dr H. Schaffer.

Address, 1351 N Gilmore St

Remarks,

DATE OF FILING — 1898

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. A. 91342

NAME ADDED 2/11/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ROBERT L. DONNELLEY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 6 3 1898
4. *Place of Birth, (Street and Number)* 928 Holland St
5. *Full Name of Mother,* Rusha Donalley
6. *Mother's Maiden Name,* Morgan
7. *Mother's Birthplace,* Howard County Md
8. *Full Name of Father,* Edward L Donalley
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, M A Selby

Address, 1004 West Lexington St

Remarks,

8980002054

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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To the Office of Registra.

DANKMEYER,

No. of Child of Mother, (state whether 1st,

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* April 3-98
4. *Place of Birth, (Street and Number)* 815 C
5. *Full Name of Mother,* Caroline D.
6. *Mother's Maiden Name,* Caroline Dk
7. *Mother's Birthplace,* Catonsville, Md
8. *Full Name of Father,* Chas. Dankmeyer
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. D.

Address, 1703 W Fayette

Remarks,

8980002055

Wm. J. C. Dulany Co., City Printers and Stationers.

Section. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH B. 91344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, April 3rd 1898
4. Place of Birth, (Street and Number) 428 W. West Street
5. Full Name of Mother, Ollie Norah Sisco
6. Mother's Maiden Name, " " Wilson
7. Mother's Birthplace, Md
8. Full Name of Father, William Sisco
9. Father's Occupation Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, D J Long

Address, 118 W Lombard.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

B 9 8 0 3 0 0 2 0 5 6

RETURN OF A BIRTH A. 91345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* March 3-95
4. *Place of Birth, (Street and Number)* 115 N. Stanford
5. *Full Name of Mother,* Dora Jackson
6. *Mother's Maiden Name,* Single
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, D Hines

Address, 115 N Stanford

Remarks,

8980002057

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 8-93
4. *Place of Birth, (Street and Number)* East Ave 1420
5. *Full Name of Mother,* Elizabeth Terry
6. *Mother's Maiden Name,* Dubbelmeyer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Terry
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Johanna Jordan

Address, Garrett Ave 1369

Remarks,

8980002058

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 6-12-57

RETURN OF A BIRTH. A 91347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Naomi Maine Burke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 4th 1898
4. Place of Birth, (Street and Number) 2662 Monument St
5. Full Name of Mother, Julia Burke
6. Mother's Maiden Name, Julia Bayley
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James E. Burke
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Jno. Dorsey

Address, 1609 Jonquil St

Remarks,

8480002059

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.

RETURN OF A BIRTH A 91348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Theresa ~~Patzschke~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 4 1898
4. Place of Birth, (Street and Number) 27 N. Central Ave.
5. Full Name of Mother, Annie Petrokki Patzschke
6. Mother's Maiden Name, Schoenberg Schomberg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Petrokki Patzschke
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Oral St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1898 0002060

RETURN OF A BIRTH. A 91349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Apr. 4 - 1895
4. Place of Birth, (Street and Number) 620 Saratoga
5. Full Name of Mother, Clara Diggs
6. Mother's Maiden Name, " Pratt
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles Diggs
9. Father's Occupation Porter in store
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett

Address, 609 Campbell St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH. 91350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4th 1898
4. Place of Birth, (Street and Number) 2232 Carey St.
5. Full Name of Mother, Annie Meyers
6. Mother's Maiden Name, " Wolfram
7. Mother's Birthplace, Balto.
8. Full Name of Father, Philip Meyers
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Mabel M. Taylor

Address, 1911 E. Monument St. Balto.

Remarks,

8980002062

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every physician or midwife in attendance upon any birth shall, within ten days after the birth, report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth, and the sex, color, and number of each child born to the mother, if any shall have been previously born, and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A 91351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Ellen ~~Patterson~~ Russell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th,
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 4th, 1898
4. Place of Birth, (Street and Number)	1212 Homewood Ave
5. Full Name of Mother,	Ellen B. Russell
6. Mother's Maiden Name,	Ellen Burk
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	William T. Russell
9. Father's Occupation	Electrician.
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton M.D.
Address,	S.W. Cor. Calvert & Preston Sts
Remarks,	

8980002063

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Apr. 4th 1898.
4. *Place of Birth, (Street and Number)* 314 Barclay St.
5. *Full Name of Mother,* Mary Bell
6. *Mother's Maiden Name,* Hughes
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* W. Bell
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Not known

Name of Medical Attendant, or other person who makes this Return, Thos. Killiam M.D.

Address, 114 W. 21st St.

Remarks,

8980002064

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

RETURN OF A BIRTH A. 91353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, April 4 1892
4. Place of Birth, (Street and Number) 315 Cross St
5. Full Name of Mother, Amelia Heller
6. Mother's Maiden Name, Grauer
7. Mother's Birthplace, Balt
8. Full Name of Father, Adam Heller
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Carolina Schuart

Address, 121 Fort ave

Remarks,

8980002065

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 8-9-62

RETURN OF A BIRTH. 91354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Dewey Jenkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2/98
4. Place of Birth, (Street and Number) 2201 McElderry Sts.
5. Full Name of Mother, Mary J. Jenkins
6. Mother's Maiden Name, " " Bean
7. Mother's Birthplace, Balto.
8. Full Name of Father, Walter J. Jenkins
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 8 0 0 0 2 0 6 6

A list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Maid
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 4 April 1898
4. Place of Birth, (Street and Number) Baltimore 127 W Camden St.
5. Full Name of Mother, Wilhelmine Hoffmann Glaser
6. Mother's Maiden Name, Hoffmann
7. Mother's Birthplace, Salem
8. Full Name of Father, Charles Glaser
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Ober Schlesien Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 N. Eutaw St

Remarks,

S 9 8 0 0 0 8 2 0 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4/91
4. *Place of Birth, (Street and Number)* 707 S. Montford Ave.
5. *Full Name of Mother,* Emma L. Schuman
6. *Mother's Maiden Name,* " " Becker
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Schuman
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisuholer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 0 0 0 2 0 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4th 1858
4. Place of Birth, (Street and Number) 611 S Patterson Park ave
5. Full Name of Mother, Gertrude Mengels
6. Mother's Maiden Name, " Niemyer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Bernard H. Mengels
9. Father's Occupation Clerk
10. Father's Birthplace, Bath City

Name of Medical Attendant, or other person who makes this Return, W. H. Schwatka 2nd

Address, 2429 Fait ave

Remarks,

B 7 8 0 0 0 2 0 6 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1898 A 91358

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 1322 N Calhoun St 4 Of April
4. *Place of Birth, (Street and Number)* 1322 N Calhoun st
5. *Full Name of Mother,* Estella Gambrill
6. *Mother's Maiden Name,* Estella Jones
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Henry Gambrill
9. *Father's Occupation* boatman
10. *Father's Birthplace* Anrandell Co Md

...as for as the same can be ascertained, the full name of each child, (if any shall have ...olor, the full name and occupation of its parents, the date and place of birth, and the ...ered, duly signed by the practitioner in the form of a certificate between the first and ...ery month to the office of the Commissioner of Health. In case the birth of any child ...ttendance of a physician or practitioner of midwifery, or should no other person be in ...her, immediately thereafter it shall become the duty of the person or parents of such ...the Commissioner of Health, in the manner and within the period above required, a ...ns who shall hereafter fail to comply with the provisions of this section shall be sub... ...) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...or other person who

1898000207 0

RETURN OF A BIRTH 913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Norman ~~A~~ Slugh 5th A 91359

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* M.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 4 [illegible]
4. *Place of Birth, (Street and Number)* 807 Division St
5. *Full Name of Mother,* Mary Elizabeth Slugh.
6. *Mother's Maiden Name,* " " Long
7. *Mother's Birthplace,* Westminster Md
8. *Full Name of Father,* Albert Slugh
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Westminster Md

Name of Medical Attendant, or other person who makes this Return, William J. Kat

Address, 1841 Penn

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND ST

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RETURN OF A BIRTH. A 91363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of April 95
4. Place of Birth, (Street and Number) 2005 Frederick Road
5. Full Name of Mother, Kathe Wolf
6. Mother's Maiden Name, Kathe Spoerl
7. Mother's Birthplace, Germany
8. Full Name of Father, Sebastian Wolf
9. Father's Occupation Tailor
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Frederike Keuler Midwife
Address, 2116 W. Pratt St
Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. A 91364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5- 98
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Lena Vogel
6. Mother's Maiden Name, —
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Vogel
9. Father's Occupation peddler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks, 8980002073

been entered its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately after the birth, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91365

GIVEN NAME ADDED 4-7-69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Vincent William ~~Michael~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 5th 98
4. Place of Birth, (Street and Number) 1420. David Hill Ave
5. Full Name of Mother, Annie M. Michael
6. Mother's Maiden Name, " " Prestley
7. Mother's Birthplace, Maryland Balto. Co.
8. Full Name of Father, Wm. H. Michael
9. Father's Occupation, Dairyman
10. Father's Birthplace, Maryland Balto. Co

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1898000 2074

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. A 91366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Pr.

3. Date of Birth, ~~Dec~~ April 5th 1895

4. Place of Birth, (Street and Number) Entry at rear 6 Lib Place

5. Full Name of Mother, Annie Zemicke

6. Mother's Maiden Name, Anne Rolens

7. Mother's Birthplace, Lith

8. Full Name of Father, Chas. Zemicke

9. Father's Occupation Machinist

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, L. 7 Free

Address, 2470 E. Pratt

Remarks,

1898 0002075

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. A. 91367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 5th 1898
4. *Place of Birth, (Street and Number)*	5 E. Fremont ave.
5. *Full Name of Mother,*	Annie L. Callahan
6. *Mother's Maiden Name,*	Borgealt
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Harry G. Callahan
9. *Father's Occupation*	Metal Worker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	H. H. Hebner M.D.
Address,	723 W. Lombard St.
Remarks,	8980002076

Wm. J. C. Dulany Co., City Printers and Stationers.

2361

RETURN OF A BIRTH. A 91368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 5 - 98 -

4. Place of Birth, (Street and Number) 2001 Mary Anna St.

5. Full Name of Mother, Laura V. Kuig

6. Mother's Maiden Name, Laura V. Castle

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Arthur C. Kuig

9. Father's Occupation Clerk

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Henry C. Price

Address, 1203 W. Fayette St.

Remarks, 8980002077

Wm. J. C. Dulany Co., City Printers and Stationers.

ascertained, the sex, the color, the date and place of birth; and the name, age and occupation of its parents, the date and place of birth; and the occupation of its parent of a certificate between the first and practitioner in the form of health. In case the birth of any child the Commissioner of Health, or should no other person be in or practicer of midwifery, of the person or parents of such r it shall become the duty in the period above required, and th, in the manner and within of this section shall be sub- to comply with the provisions and forfeitures are recoverable. to be recovered as other fines

month, and shall set forth as far as the same can be ascertained, the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred), its sex, color, the full name and occupation of its parent of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practicer of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty in the period above required, and child to report its birth to the Commissioner of Health, in the manner and within of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines

36.]

RETURN OF A BIRTH A. 91369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	5. April. 1899.
4. *Place of Birth, (Street and Number)*	1 S. Mulberry. Str.
5. *Full Name of Mother,*	Magdalena Prosser.
6. *Mother's Maiden Name,*	Magdalena Tuschek.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	John Prosser
9. *Father's Occupation*	Carpenter.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary Gross.
Address,	19 S. Wolfe. Street.
Remarks,	

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 6-6-57

RETURN OF A BIRTH. A. 91370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Frances Berger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th April 1898.
4. Place of Birth, (Street and Number) 102 N. Bond St
5. Full Name of Mother, Laura Berger
6. Mother's Maiden Name, Laura White
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alexander Berger
9. Father's Occupation Cigar maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lola Hill

Address, 207 N. Castle St.

Remarks,

If any child born alive in this city shall not have been named at the time of the return of its birth, the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A. 91371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5th 1898
4. Place of Birth, (Street and Number) 15 Belair ave
5. Full Name of Mother, Annie Bachmann
6. Mother's Maiden Name, Schneider
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Fredrick Bachmann
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, Chas L. Buddenbohn M.D.

Address, 418 N. Paca st.

Remarks,

8980002080

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth as aforesaid, it shall become the duty of the practitioner last in attendance upon the mother, immediately thereafter to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 6-10-52

RETURN OF A BIRTH A 91373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Esther Ellen Davis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5 1898
4. Place of Birth, (Street and Number) 164 Mun ave
5. Full Name of Mother, Sarah B Davis
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Edgar H Davis
9. Father's Occupation Mechanist
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King 575 Fulton Ave

Remarks,

8 7 8 0 0 0 2 0 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

As soon as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number, and such other facts as may be required by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5th - 1898
4. Place of Birth, (Street and Number) City 723 N. Peters st
5. Full Name of Mother, Katie Daly
6. Mother's Maiden Name, Katie McElvaney
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, James Joseph Daly
9. Father's Occupation Glass Blower
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W Cross St

Remarks,

1898 00020882

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236.]

RETURN OF A BIRTH. A 91375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White,

3. Date of Birth, April 5th, 1898

4. Place of Birth, (Street and Number) 1517 E. Madison St

5. Full Name of Mother, Henrietta Goedeke.

6. Mother's Maiden Name, Henrietta Hartung.

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Frank Goedeke.

9. Father's Occupation Cutter (Tailor)

10. Father's Birthplace, Balto, Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S.W. Cor. Calvert & Preston Sts.

Remarks,

8980002083

Wm. J. C. Dulany Co,. City Printers and Stationers.

The same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5th 1898
4. Place of Birth, (Street and Number) 169 Bethel Place
5. Full Name of Mother, Katie Galian
6. Mother's Maiden Name, Realan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Galian
9. Father's Occupation Shoe-Spitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, 835 S. Broad St.

Remarks,

1 8 9 8 0 0 0 2 0 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 5th 1898
4. *Place of Birth, (Street and Number)* No 725 Bradley St
5. *Full Name of Mother,* Sarah Allen
6. *Mother's Maiden Name,* Carrick
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Theodore Waters
9. *Father's Occupation* Driver Of Truck
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs F Myers

Address, No 729 Bradley St

Remarks,

8980002085

Wm. J. C. Dulany Co., City Printers and Stationers.

The Health Commissioner, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. A 91378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Apr 6th 1898
4. Place of Birth, (Street and Number) 1123 Saratoga Street
5. Full Name of Mother, Clarence Harris
6. Mother's Maiden Name, Clarence Shepherd.
7. Mother's Birthplace, Carroll Co.
8. Full Name of Father, Stephen Harris
9. Father's Occupation Waiter
10. Father's Birthplace, Howard Co Md.

Name of Medical Attendant, or other person who makes this Return, Thos Harris

Address, 1809 Lamden st

Remarks,

1898 0002086

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH B. 91379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6th 1894
4. *Place of Birth, (Street and Number)* 1823 N. Harford ave
5. *Full Name of Mother,* Kate Marie Potts
6. *Mother's Maiden Name,* Kate Marie Sheehan
7. *Mother's Birthplace,* County Clare Ireland
8. *Full Name of Father,* John H. Potts
9. *Father's Occupation* Machinist Helper
10. *Father's Birthplace,* Ellicott City Md.

Name of Medical Attendant, or other person who makes this Return, G. & E. Vogler M. D.

Address, 1271 E. North ave.

Remarks, Vertex Presentation Forceps Delivery

Low.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B. 91380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6 1858
4. Place of Birth, (Street and Number) 412 Harford ave East
5. Full Name of Mother, Kate Schroder
6. Mother's Maiden Name, Trastach
7. Mother's Birthplace, (U.S.) Baltimore
8. Full Name of Father, Frederic C Schroder
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 237 Gorsuch st. ave

Remarks,

1898 0002088

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 91381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6/98
4. *Place of Birth, (Street and Number)*	1322 Orleans St
5. *Full Name of Mother,*	Minnie Hammann
6. *Mother's Maiden Name,*	" Frederick
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Louis J. Hammann
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return,	J. C. Ahlendorf M.D.
Address,	518 N. Bond St
Remarks,	

1898 0002089

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. D. 91382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6th 1899
4. *Place of Birth, (Street and Number)*	207 Bernard St.
5. *Full Name of Mother,*	Ida Benjamin
6. *Mother's Maiden Name,*	Ida Logan.
7. *Mother's Birthplace,*	Cecil Co.
8. *Full Name of Father,*	George Millard Benjamin
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace,*	Cecil Co.
Name of Medical Attendant, or other person who makes this Return,	C. F. Mitchell M.D.
Address,	5426 Christiana Ave
Remarks,	

8980002090

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B. 91383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6/98
4. *Place of Birth, (Street and Number)* #630 South Wolfe St
5. *Full Name of Mother,* Mary Cesliak.
6. *Mother's Maiden Name,* Mary Labenska.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Michael Cesliak.
9. *Father's Occupation* Lovedore.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, #1710 Alice Anna St

Remarks, Done

8980002091

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. No. 913844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~3rd~~ 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Apl. 6th 1898
4. Place of Birth, (Street and Number) 20 Iron Alley
5. Full Name of Mother, Leona Jackson
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Co, Md Unmarried
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore, Md.

8 7 8 0 0 0 2 0 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected as sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-16-53

RETURN OF A BIRTH. B-91385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Nunzia Rosa ~~Cammarata~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, April 6th 1898
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Salvina Cammarata
6. Mother's Maiden Name, " Silero
7. Mother's Birthplace, Italy
8. Full Name of Father, Joseph Cammarata
9. Father's Occupation Huckster
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Marie S. Romano

Address, 302 N. High St

Remarks,

1898000 2093

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6th 1898
4. Place of Birth, (Street and Number) 1925 Edmondson Av
5. Full Name of Mother, Margaret A. Roberts
6. Mother's Maiden Name, Boyd
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John C Roberts
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, E. P. Lee

Address, 602 N. Carey st

Remarks,

8980002094

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 6th 1898
4. *Place of Birth, (Street and Number)* 102 E. Fayette
5. *Full Name of Mother,* Florence Emerson
6. *Mother's Maiden Name,* Florence Handley
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm. H. Emerson
9. *Father's Occupation,* Lumber
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, C. [illegible]

Address, 809 N. Eutaw St

Remarks,

8980002095

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th	
1. *Sex, (state whether male or female)*	M.	✓
2. *Race or Color, (if not of the white race)*		✓
3. *Date of Birth,*	April 6. 1898	✓
4. *Place of Birth, (Street and Number)*	838 Druid Hill Av	
5. *Full Name of Mother,*	Rachel Friendlich	✓
6. *Mother's Maiden Name,*	Cohen	✓
7. *Mother's Birthplace,*	city	✓
8. *Full Name of Father,*	Oscar Friendlich	✓
9. *Father's Occupation,*	Commission Merchant	✓
10. *Father's Birthplace,*	Germany	✓
Name of Medical Attendant, or other person who makes this Return.	Dr. J. Kaster	
Address,	1841 Penna Av	
Remarks,		

8980002096

...upation of its parents, the date and place of birth and the ...practitioner in the form of a certificate between the first and ...e Commissioner of Health. In case the birth of any child ...r practitioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ...h, in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub... ...ject collected as sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practitio... ...third day of each and every month to the office of the Comm... ...shall occur without the attendance of a physician or practi... ...attendance upon the mother immediately thereafter it shall ...child to report its birth to the Commissioner of Health, in th... ...any such person or persons who shall hereafter fail to com... ...jected to the fine of ten (10) dollars for each offense, to be rec... ...ecovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 91389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) 2 Females 1 Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6, 1898.
4. Place of Birth, (Street and Number) 281 N. Exeter St
5. Full Name of Mother, Beckie Slender
6. Mother's Maiden Name, " Shapiro
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Slender
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Silberman

Address, 42 Albemarle St.

Remarks, Triplets

8980002097

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd of Twins

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 6 1894.

4. Place of Birth, (Street and Number) 28 N. Exeter St.

5. Full Name of Mother, Becke Olender

6. Mother's Maiden Name, " Shapiro.

7. Mother's Birthplace, Russia.

8. Full Name of Father, Moris Olender

9. Father's Occupation Tailor

10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs E. Schreuer

Address, 42 Aisquith St

Remarks,

8980002098

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 91391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd of Triplets

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 6 1898.
4. *Place of Birth, (Street and Number)* 281 N. Exeter St.
5. *Full Name of Mother,* Bertie Olender
6. *Mother's Maiden Name,* Shapiro
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morris Olender
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Eckerman

Address, 42 Albemarle St

Remarks, Son of Triplets

8980002099

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 91392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) Twins,

1. Sex, (~~state whether male or~~ female) ~~is~~
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, April 6th 1898.
4. Place of Birth, (Street and Number) 1700 N. Charles St
5. Full Name of Mother, Mary L. Busey.
6. Mother's Maiden Name, Mary L. Walker.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James Clayman Busey. D.D.S.
9. Father's Occupation Dentist.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, John J. Friend. Md.

Address, 562. W. Lexington St

Remarks,

8 9 8 0 0 0 2 | 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF ~~A~~ BIRTH. A. 9393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) Twins.

1. *Sex, (~~state whether male or female~~)* Females.
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* April 6th 1898.
4. *Place of Birth, (Street and Number)* 604 N Charles St.
5. *Full Name of Mother,* Mary L Busey.
6. *Mother's Maiden Name,* Mary L Bratton
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Isaac Clarence Busey. D.D.S.
9. *Father's Occupation* Dentist. Md
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Edward L Stroud M.D.

Address, 662 N Eutaw St

Remarks,

8980002101

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. A. 91394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Apr 6/47
4. Place of Birth, (Street and Number) 2421 Ellin's St.
5. Full Name of Mother, Mrs Jas. A. Woolens
6. Mother's Maiden Name, Mary E. Blessing
7. Mother's Birthplace, Md.
8. Full Name of Father, Jno R. Woolens
9. Father's Occupation Foreman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2531 Penna. Ave

Remarks,

8 4 8 0 0 0 2 1 0 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6th 1898
4. *Place of Birth, (Street and Number)* 1708 W. Mulberry St Baltimore
5. *Full Name of Mother,* Mary Elizabeth Clarkeugh
6. *Mother's Maiden Name,* " " " Otto
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Frank Thomas Clarkeugh
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 827 W Lexington

Remarks,

8980002103

Wm. J. C. Dulany Co,. City Printers and Stationers.

er in the form of a certificate between the first and missioner of Health. In case the birth of any child ner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of t shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 6th 1898

4. Place of Birth, (Street and Number) 1529 Eason St

5. Full Name of Mother, Mary E. Futell

6. Mother's Maiden Name, Mary E. Stricker

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Francis B. Futell

9. Father's Occupation, Shoe lasted

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Albert S Atkinson Md

Address, 1031 N Broadway

Remarks, Lived born at 7 months. Died in incubator at John Hopkins Hospital on day of birth.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 6, 1898
4. Place of Birth, (Street and Number) 112 Ray St.
5. Full Name of Mother, Mary Elizabeth Adam.
6. Mother's Maiden Name, Weigman
7. Mother's Birthplace, City
8. Full Name of Father, Constantine Joseph Adam
9. Father's Occupation, Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. William J. Kastan

Address, 1941 Penna Ave.

Remarks,

1898 0002105

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RETURN OF A BIRTH. B 91398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 th. of April 1898
4. Place of Birth, (Street and Number) 524 N. Mount St. Balto.
5. Full Name of Mother, Mrs. John F. McCabe.
6. Mother's Maiden Name, Mrs. Kate Finnegan
7. Mother's Birthplace, Balto.
8. Full Name of Father, John F. McCabe.
9. Father's Occupation Insurance "Special Canvasser.
10. Father's Birthplace, Charleston S. C.

Name of Medical Attendant, or other person who makes this Return, Mrs S Hunter

Address, 23. N. Poppleton St.

Remarks,

8980002106

The birth certificate shall state the full name and occupation of its parents, the date and place of birth, and the sex and color of the child, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 M

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th of April 98
4. Place of Birth, (Street and Number) 1233 Hollins St
5. Full Name of Mother, Mage Knapp
6. Mother's Maiden Name, Mage Gill
7. Mother's Birthplace, Balto
8. Full Name of Father, Jeorg Knapp
9. Father's Occupation Laber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 216 W Pratt St

Remarks,

8980002107

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. D 91400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th of April 98
4. *Place of Birth, (Street and Number)* 1918 Wilhelm St.
5. *Full Name of Mother,* Lina Brinzel
6. *Mother's Maiden Name,* Lina Abrill
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Brinzel
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friedesike Heuler midwife

Address, 2116 W Pratt St

Remarks,

8980002108

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B 91401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 7th 1898
4. *Place of Birth, (Street and Number)*	1733 N. Chester
5. *Full Name of Mother,*	Martha E. Bell
6. *Mother's Maiden Name,*	" Thompson
7. *Mother's Birthplace,*	Bell Md
8. *Full Name of Father,*	Alexander Bell
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	2030 N. Washington ave
Remarks,	

8980002109

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 7 1898
4. *Place of Birth, (Street and Number)*	719 Cannon St.
5. *Full Name of Mother,*	Anna Lenz
6. *Mother's Maiden Name,*	Anna Enghild
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Lenz
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary L. Lorayne
Address,	824 S. Eaton St.
Remarks,	

8 9 8 0 0 0 2 1 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. C. 91403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 7th 1898
4. *Place of Birth, (Street and Number)* 211 N. Exeter St.
5. *Full Name of Mother,* Jennie Plinsky
6. *Mother's Maiden Name,* " Silberman
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Isaac Plinsky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

8980002111

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. A 91404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 7-98
4. Place of Birth, (Street and Number)	417 S Bond
5. Full Name of Mother,	Caroline Rasgulis
6. Mother's Maiden Name,	Nastuna
7. Mother's Birthplace,	Petersburg Russia
8. Full Name of Father,	Peter Rasgulis
9. Father's Occupation	Cigar Maker
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	A. B. Lumpkin - 801 W Fayette St Dr Morgulis - 800 S Bond St
Address,	
Remarks,	

8 9 8 U 0 0 2 1 1 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 7 - 98
4. Place of Birth, (Street and Number) 1/3 N Fontard
5. Full Name of Mother, Sarah Bee
6. Mother's Maiden Name, Single
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D C Long

Address, 1/3 N Fontard

Remarks,

8 9 8 0 0 0 2 1 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) col.

3. Date of Birth, 4/2 98

4. Place of Birth, (Street and Number) Md Gen. Hosp.

5. Full Name of Mother, Mary Palmer

6. Mother's Maiden Name, M D.

7. Mother's Birthplace, Arthurs Herbert

8. Full Name of Father, Lot.

9. Father's Occupation Md

10. Father's Birthplace, M D Todd

Name of Medical Attendant, or other person who makes this Return, Md Gen Hosp

Address,

Remarks,

8 4 8 0 0 0 2 1 1 4

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter. If shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

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RETURN OF A BIRTH. 91407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	4/3 98
4. *Place of Birth, (Street and Number)*	Mid Gen. Hosp
5. *Full Name of Mother,*	Mary Garland
6. *Mother's Maiden Name,*	[illegible] A. Va.
7. *Mother's Birthplace,*	Wm Collins.
8. *Full Name of Father,*	[illegible] Butler.
9. *Father's Occupation*	Mid
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	W L Todd
Address,	Mid Gen Hosp
Remarks,	

8980002115

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6.]

RETURN OF A BIRTH A 91408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 7th of May 1898
4. *Place of Birth, (Street and Number)* 513 N Central Ave
5. *Full Name of Mother,* Eleanor Walker
6. *Mother's Maiden Name,* Eleanor Mcclock
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Lourenzi Walker
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 815 N Dallas Street

Remarks, Doing as well as can be expected

1 8 9 8 0 0 0 2 1 1 6

said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B. 91409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7/91
4. Place of Birth, (Street and Number) 251 Canton Ave.
5. Full Name of Mother, Ella Roberts
6. Mother's Maiden Name, " Walter
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Roberts
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhaus

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

1898 0002117

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...month), and the sex, color, the full name and occupation of the parents of the child (if known), in the form of a certificate to be furnished by the practitioner in the form of a certificate to be furnished by the practitioner in case the birth of any child been conferred), its sex, color, the full name and occupation of the parents of the child (if known), in the form of a certificate to be furnished by the practitioner in case the birth of any child been conferred), duly signed by the practitioner in case the birth of any child said schedule shall be delivered, duly signed by the practitioner in case the birth of any child said schedule shall be delivered, duly signed by the practitioner in case the birth of any child said schedule shall be delivered,

RETURN OF A BIRTH A 91410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7/98
4. *Place of Birth, (Street and Number)* 920 Potomac St.
5. *Full Name of Mother,* Minnie Embrley
6. *Mother's Maiden Name,* " Buckfield
7. *Mother's Birthplace,* Athens. Pa.
8. *Full Name of Father,* William Embrley
9. *Father's Occupation* Paperhanger
10. *Father's Birthplace,* New Foundland

Name of Medical Attendant, or other person who makes this Return, Mrs. Dieuhoter.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

1898 00021 18

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RETURN OF A BIRTH 91411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7 1908
4. *Place of Birth, (Street and Number)* 2420 Etting St
5. *Full Name of Mother,* Vesluta O. Brown
6. *Mother's Maiden Name,* Vesluta O. Holtzman
7. *Mother's Birthplace,* Washington D C
8. *Full Name of Father,* Richard M Brown
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return, J Chas. A. Melvin

Address, 2316 Druid Hill Ave

Remarks, Mother had a very difficult Labor Child had to be taken, it was premature. Mother has a light brown

1898 00021119

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the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
ian or practioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 7th 1898
4. *Place of Birth, (Street and Number)*	804 N Lombard st
5. *Full Name of Mother,*	Sophia Richl
6. *Mother's Maiden Name,*	Sophia Feuchs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Riehl
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendand, or other person who makes this Return,	Hellegonda Slifer
Address,	734 Pt. Peters st
Remarks,	

1898U0002120

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. B 91413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 7 1898
4. *Place of Birth, (Street and Number)*	808 N. Washington st
5. *Full Name of Mother,*	Sophia Poellman
6. *Mother's Maiden Name,*	Sophie Gerhold
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George W. Poellman
9. *Father's Occupation*	Music Teacher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	W. C. Sandrock
Address,	1242 N. Broadway
Remarks,	

8 9 8 U 0 0 2 1 2 1

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Health. This schedule shall contain a list of the births which have occurred under its jurisdiction during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child and the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner aforesaid, the mother, immediately after the third day of each and every month to the Commissioner of Health, in the manner and within the period above required, and shall become the duty of the person or parents of such attendance upon its birth to the Commissioner fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 91414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 7 98
4. *Place of Birth, (Street and Number)*	916 N. Pratt St
5. *Full Name of Mother,*	Emma King
6. *Mother's Maiden Name,*	" Mosby
7. *Mother's Birthplace,*	Alberton Howard Co
8. *Full Name of Father,*	David C. King
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Frederick Co
Name of Medical Attendant, or other person who makes this Return,	H. B. Wolf M.D.
Address,	641 Columbia Ave.
Remarks,	

1898000212 2

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Should any person or persons refuse or neglect to make the return required by this section, or any physician, midwife or practitioner of midwifery, or other person who shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. B 91415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & L

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Apr 7th 1898

4. Place of Birth, (Street and Number) 937 Huntingdon Ave

5. Full Name of Mother, Madaline Jackson

6. Mother's Maiden Name, Ambrose

7. Mother's Birthplace, Balto

8. Full Name of Father, Edgar Jackson

9. Father's Occupation R.R. employee

10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, M. V. Freeman

Address, #102 Chestnut Ave

Remarks,

1898 0002123

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 91416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7th, 1898
4. Place of Birth, (Street and Number) 933 N. Castle St.
5. Full Name of Mother, Maggie Calvert
6. Mother's Maiden Name, Maggie Reed
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Edw. Calvert
9. Father's Occupation Lab.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Baltimore Md.

Remarks, Child is one of a pair of twins

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. No. 91417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th + 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apl. 7th, 1898
4. *Place of Birth, (Street and Number)* 933 N. Castle St.
5. *Full Name of Mother,* Maggie Calvert
6. *Mother's Maiden Name,* Maggie Reed
7. *Mother's Birthplace,* Washington, D.C.
8. *Full Name of Father,* Edw. Calvert
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp., Baltimore, Md.

Remarks, Child is one of twins

87 80 0 0 0 2 1 2 5

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apl. 7th, 1898
4. Place of Birth, (Street and Number) 1070 Granby St.
5. Full Name of Mother, Maggie Myers
6. Mother's Maiden Name, Maggie ~~Myers~~ Folson
7. Mother's Birthplace, Queen Annes Co. Md.
8. Full Name of Father, Wm J. Myers
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md

1898 0002126

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 8. And be it further enacted, that the certificate hereby required to be given to the parent or other person procuring the burial permit shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Apr 7th 1898
4. *Place of Birth, (Street and Number)*	316 Elm Ave. Hampden
5. *Full Name of Mother,*	Ella May Hubbard
6. *Mother's Maiden Name,*	Ella May Caltrider
7. *Mother's Birthplace,*	Carroll Co. Md
8. *Full Name of Father,*	Robert J. Hubbard
9. *Father's Occupation*	Factory operative
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Geo. T. Shower M. D.
Address,	421 Roland Ave.
Remarks,	

1898 0002127

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 91420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 1 April 1898
4. *Place of Birth,* (*Street and Number*) 84 Lannon St
5. *Full Name of Mother,* Jane Hajduk
6. *Mother's Maiden Name,* J. Piasecka
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Hajduk
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Austrylie

Name of Medical Attendant, or other person who makes this Return, Mary Regier

Address, 124 S. Linn

Remarks, Baltimore

1898 00021 28

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7th 1898
4. Place of Birth, (Street and Number) 30 Harrison
5. Full Name of Mother, Simon Harris
6. Mother's Maiden Name, Lytta Bullack
7. Mother's Birthplace, Russia
8. Full Name of Father, Lytta Harris
9. Father's Occupation, New & Second hand clothing
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr Y Feldman

Address, 1013 E. Lombard St.

Remarks, 1 8 9 8 0 0 0 2 1 2 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

KODAK "D" SAFETY FILM

RETURN OF A BIRTH. A 91422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Name of Child: Josephine Fonte

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, April 7th 895
4. Place of Birth, (Street and Number) 222 Pearl St
5. Full Name of Mother, Rosella Fonte
6. Mother's Maiden Name, " Bionda
7. Mother's Birthplace, Italy
8. Full Name of Father, Francis Fonte
9. Father's Occupation Huckster
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Marie Romano

Address, 302 N. High St

Remarks,

8980002130

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 7 1894

4. Place of Birth, (Street and Number) 510 Leguith St

5. Full Name of Mother, Annie Sendler

6. Mother's Maiden Name, " Hoffmann

7. Mother's Birthplace, Russia

8. Full Name of Father, Jake Sendler

9. Father's Occupation Shoemaker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 42 Albemarle St

Remarks,

8 9 8 0 0 0 2 1 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

All Returns shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 7th 1898
4. *Place of Birth, (Street and Number)*	5 1/8 Columbia and annex Jamestown
5. *Full Name of Mother,*	" " Kalisky
6. *Mother's Maiden Name,*	Lettmanova
7. *Mother's Birthplace,*	Palac Jamestown
8. *Full Name of Father,*	Tailor
9. *Father's Occupation,*	Lettmanova
10. *Father's Birthplace,*	Chas. B. Ingalls
Name of Medical Attendant, or other person who makes this Return.	830 N. Broadway
Address,	
Remarks,	1 8 9 8 0 0 0 2 1 3 2

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

BULLARY & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9	
1. *Sex, (state whether male or female)*	femal	
2. *Race or Color, (if not of the white race)*	Colerd	
3. *Date of Birth*	April the 8 1898	
4. *Place of Birth, (Street and Number)*	Colgrove No 12	
5. *Full Name of Mother,*	Mary smith	
6. *Mother's Maiden Name,*	Mary wright	
7. *Mother's Birthplace,*	Kent County	
8. *Full Name of Father,*	Nathan Turright	
9. *Father's Occupation,*	labour	
10. *Father's Birthplace,*	oksford	
Name of Medical Attendant, or other person who makes this return,	Budgit Hunt	
Address,	No 8 east Stuvy st	
Remarks,	full 9 months	

1898000213 3

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 91426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8 1858
4. Place of Birth, (Street and Number) Jackson st Homestead
5. Full Name of Mother, Bertha Kramer
6. Mother's Maiden Name, Schneider
7. Mother's Birthplace, Germany
8. Full Name of Father, Rudolph Kramer
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Edward Neithercut M.D.

Address, 234 Gorsuch ave

Remarks,

8980002134

Any Physician or Midwife who shall fail to make the return of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 91427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 8th 1898.
4. *Place of Birth, (Street and Number)*	1706 Edmondson Ave
5. *Full Name of Mother,*	Eliza Ellen Metz
6. *Mother's Maiden Name,*	" " Smith
7. *Mother's Birthplace,*	Baltimore, Md
8. *Full Name of Father,*	Robert Francis Metz
9. *Father's Occupation*	Mail Carrier
10. *Father's Birthplace,*	Baltimore, Md
Name of Medical Attendant, or other person who makes this Return,	Addison C. Fox M.D
Address,	1205 W Fayette St
Remarks,	

8 9 8 U 0 0 2 1 3 5

Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Name - Augusta Amanda Magdal. ~~Karoline Bruns~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8 1887
4. Place of Birth, (Street and Number) 705 Ramsay st
5. Full Name of Mother, Henrietta J. Bruns
6. Mother's Maiden Name, Henrietta J. Bahnmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis F. Bruns
9. Father's Occupation Furniture Packer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, E. Michaux M.D.

Address, 411 S. Sharp st

Remarks,

18980002136

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 8th 1898.
4. *Place of Birth, (Street and Number)* No 1521 Byrd St.
5. *Full Name of Mother,* Annie Carey.
6. *Mother's Maiden Name,* Annie Kirby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Laborer.
9. *Father's Occupation* Edward Carey.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Katherine Hanning.

Address, No 1517. Byrd St.

Remarks,

8980002137

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. A 91430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th Child

1. Sex, (state whether male or female) Male ~~Female~~ Carl William Cook

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 Day of April 1898

4. Place of Birth, (Street and Number) 2506 Pennsylvania ave

5. Full Name of Mother, Mrs Laura Cook

6. Mother's Maiden Name, Laura Smith

7. Mother's Birthplace, Kent Co Md

8. Full Name of Father, Charles E Cook

9. Father's Occupation Produce Dealer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Mrs Mary F Shorrow

89800021138

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 8-98
4. *Place of Birth, (Street and Number)*	The Johns Hopkins Hospital
5. *Full Name of Mother,*	Essie Beach
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Delaware
8. *Full Name of Father,*	Fred. Anderson
9. *Father's Occupation*	—
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	Geo W Dobbin M D
Address,	The Johns Hopkins Hospital
Remarks,	

8 9 8 0 0 0 2 1 3 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

new RETURN OF A BIRTH. A 91432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Name - Jesse Eugene Murphy

1. Sex, (state whether male or female) Boy 1898
2. Race or Color, (if not of the white race)
3. Date of Birth, 8 April 1102 Eager st
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Ada Murphy
6. Mother's Maiden Name, Fenton
7. Mother's Birthplace, England
8. Full Name of Father, James Murphy
9. Father's Occupation Painter
10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N Central Av.

Remarks,

8 9 8 U 0 0 2 1 4 0

Every birth must be reported by the physician or midwife in attendance, or by the householder, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236 |

RETURN OF A BIRTH. 91433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	April 8 1898
4. *Place of Birth, (Street and Number)*	1708 E Oliver St
5. *Full Name of Mother,*	Mary Olivia Davis
6. *Mother's Maiden Name,*	" " Mitchel
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Geo L Davis
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	City
Name of Medical Attendant or other person who made this Return,	R G Davis M D
Address,	1507 N. Caroline St
Remarks,	

8 9 8 0 0 0 2 1 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. No. 91434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2-E. 1895
4. *Place of Birth, (Street and Number)* Patterson Park Avenue 1832
5. *Full Name of Mother,* Sarah E. Kearney
6. *Mother's Maiden Name,* Sarah E. Gibbs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William E. Kearney
9. *Father's Occupation* Hunter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Kate A. Kelleher

Address, No. 124 S. Mary's st

Remarks,

8980002142

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 6-18-69

RETURN OF A BIRTH 91435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether ~~male~~ or female) HILDA E. Bopp
2. Race or Color, (if not of the white race)
3. Date of Birth, April 8th 1898
4. Place of Birth, (Street and Number) 624 Columbia Ave
5. Full Name of Mother, Mrs Elizabeth V Bopp
6. Mother's Maiden Name, Miss a Spicker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno J. V Bopp
9. Father's Occupation Commissary
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr J Carroll M.D.

Address, 1204 Madison Ave

Remarks,

8980002143

Wm. J. C. Dulany Co,. City Printers and Stationers.

over

RETURN OF A BIRTH. A 71436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
Name Charles F Willis	
1. Sex, (state whether male or female)	Male,
2. Race or Color, (if not of the white race)	White
3. Date of Birth	April 8th 1899
4. Place of Birth, (Street and Number)	1605 Edmondson Ave.
5. Full Name of Mother,	Eliza Rebecca Willis
6. Mother's Maiden Name,	" " Braley
7. Mother's Birthplace,	Hagerstown Md.
8. Full Name of Father,	Charles F Willis
9. Father's Occupation	Tobacconist
10. Father's Birthplace,	Denton Md.
Name of Medical Attendant, or other person who makes this Return,	J Harvey Hill
Address,	607 N. Arlington Ave
Remarks,	

8980002144

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 91437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Emma

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8th 1898
4. Place of Birth, (Street and Number) 1805 Monford Ave.
5. Full Name of Mother, Emma M. Brack
6. Mother's Maiden Name, Emma M. Heisler
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John F. Brack
9. Father's Occupation, Boxer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Henry Lyre Hyland M.D.

Address, 1435 N. Broadway.

Remarks, NAME ADDED 4-23-5H

8 9 8 0 0 0 2 1 4 5

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91438

GIVEN NAME ADDED 3-28-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lena Molly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 8 1898

4. Place of Birth, (Street and Number) 832 E. Pratt St

5. Full Name of Mother, Birdie Lapkin

6. Mother's Maiden Name, Gotleat

7. Mother's Birthplace, Russia

8. Full Name of Father, Harry Lapkin

9. Father's Occupation Shoekeeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Sherman

Address, 47 Albemarle St

Remarks,

6980002146

Same schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred) it's sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* April 8th 1898
4. *Place of Birth, (Street and Number)* 514 Gold St
5. *Full Name of Mother,* Lillian G Williams
6. *Mother's Maiden Name,* Lillian G Matthews
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Samuel W Williams
9. *Father's Occupation* School Teacher
10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other person who makes this Return. Fred Clarke Jr M.D

Address, 2238 Harford Hill Balto.

Remarks,

8480002147

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 9th 1898
4. Place of Birth, (Street and Number) 1035 S. Charles St.
5. Full Name of Mother, Auguste Henriatta Bernhardt.
6. Mother's Maiden Name, Auguste Henriatta Metze
7. Mother's Birthplace, Oldesleben, Germany
8. Full Name of Father, Heinrich Wilhelm Moritz Bernhardt
9. Father's Occupation Laborer
10. Father's Birthplace, ~~Dresden~~ Bautzen, Germany

Name of Medical Attendant, or other person who makes this Return, Dr Mrs Wünsch

Address, 810 Leadenhall Street

Remarks,

1898 0002148

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April - 9 - 98.
4. *Place of Birth, (Street and Number)*	2402 ~~Druid~~ Hill Ave
5. *Full Name of Mother,*	Edith Arnold
6. *Mother's Maiden Name,*	Edith Reid
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Joseph Arnold.
9. *Father's Occupation*	Lawn comm
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	A-A Humphrey
Address,	801 N Gay Street
Remarks,	

1898U002149

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate ... the birth of any child said schedule shall be delivered at the office of the Commissioner of Health. In case the ... other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 9 1898.
4. Place of Birth, (Street and Number) Inn. 520 N. High Street.
5. Full Name of Mother, Rosa Schweitzer
6. Mother's Maiden Name, Rosa Mitchell
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Louis Schweitzer
9. Father's Occupation Salesman
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Asa A. Bloxell M.D.

Address, 1744 Harford ave.

Remarks,

1 8 9 8 U 0 0 2 1 5 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 91443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), ~~female~~ male

2. Race or Color (if not of the white race), White

3. Date of Birth, April 7 '91.

4. Place of Birth (Street and Number), 113 N. Eaton St

5. Full Name of Mother, Sophia Wallach

6. Mother's Maiden Name, Sophia Strauss

7. Mother's Birthplace, Hungary

8. Full Name of Father, Armin Wallach

9. Father's Occupation, Printer

10. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes this Return. (William E. Garner

Address, 1013 Mc Culloh St

Remarks,

B 2 6 0 0 0 2 1 5 1

more under whose charge he is, to enter the same on a birth ... have occurred under ... each child, (if any shall have occurred ... register of such birth, and shall enter the full name of each child, if any shall have occurred under his ... more under whose charge he is, to enter the same on a birth ... have occurred under ... each child, (if any shall have occurred ... register of such births which have occurred under his charge, and the said schedule to be kept by him, and shall contain a list of the

RETURN OF A BIRTH. A 914444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been connected with the case, duly signed by the practitioner in the case, or by the parent, if there was no practitioner. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the case, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th April 05
4. *Place of Birth, (Street and Number)*	314 Fawcett St
5. *Full Name of Mother,*	Auguste Wall
6. *Mother's Maiden Name,*	Auguste Haan
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Carl Wall
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2216 N Pratt St
Remarks,	

8 9 8 0 0 0 2 1 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ½

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 of April 1898
4. Place of Birth, (Street and Number) 1928 N. Castle St
5. Full Name of Mother, Cora Gessford
6. Mother's Maiden Name, Cora Uhler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Johnson Gessford
9. Father's Occupation Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Sola Hollo

Address, 1928 N. Castle St

Remarks,

8 9 8 U 0 0 2 1 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. A 91446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 9th 26
4. *Place of Birth, (Street and Number)*	#423 Madeira St.
5. *Full Name of Mother,*	Katie Gummer
6. *Mother's Maiden Name,*	Katie Baler
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Peter Gummer
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#241 E. Chester st.
Remarks,	

8 4 8 0 0 0 2 1 5 4

Health. This Section shall set forth as far as the same can be ascertained, the full name of each child, if any, and the month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practicioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner aforesaid, it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 91447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9 - 97
4. Place of Birth, (Street and Number) 115 - N - Fountain
5. Full Name of Mother, Magnis Jonson
6. Mother's Maiden Name, Magnis Jonson
7. Mother's Birthplace, Maryland
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, L. E. Young

Address, 115 - N Fountain

Remarks,

1 8 9 8 U 0 0 2 1 5 5

been completed and signed by the practitioner in the form ... In case the birth of any child ... delivered, duly signed by the practitioner in the form ... Commissioner of Health. In case the birth of any child ... said schedule shall be delivered, duly signed by the practitioner in the form ... Commissioner of Health, or should no other person be in ... third day of each and every month to the office of the Commissioner of Health, or should no other person be in ... shall occur without the attendance of a physician or ... shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter, in the manner and within the period above required, and ... child to report its birth to the Commissioner of Health, comply with the provisions of this section shall be sub- ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9/98
4. Place of Birth, (Street and Number) 1744 E. Lombard St.
5. Full Name of Mother, Katie Thiem
6. Mother's Maiden Name, " Rudel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Sebastian Thiem
9. Father's Occupation Cutter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisanhaler

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8980002156

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, the full name and occupation of its parents, the sex, color, the date of birth, and the number (if any) of the child, and the number of children born to the mother, and the number of children born to the mother now living, and the number of children born to the mother now dead, and the number of children born to the mother now living, and the number of children born to the mother now dead, and the number of children born to the mother now living, and the number of children born to the mother now dead

RETURN OF A BIRTH. A 91449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 9th 1898
4. *Place of Birth, (Street and Number)* Gilmore St
5. *Full Name of Mother,* Clara M Keating
6. *Mother's Maiden Name,* Clara M Burkert
7. *Mother's Birthplace,* Harford Co Md
8. *Full Name of Father,* Thomas J Keating
9. *Father's Occupation* Electrician
10. *Father's Birthplace,* Harford Co Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Mrs Mary L Shockney
721 Lauraverland St

1898U002157

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B 91450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name of the practitioner in the form of a certificate he shall give to the parent of any child said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter it shall be in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, Apr 9 98

4. Place of Birth, (Street and Number) Md Gen Hosp.

5. Full Name of Mother, Annie White

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Va

8. Full Name of Father, Robt. Taylor

9. Father's Occupation Carpenter

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Gen. Hosp

Remarks,

8980002158

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH B 91451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st N.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored -

3. Date of Birth, April 9 - 98.

4. Place of Birth, (Street and Number) 913. Etting St.

5. Full Name of Mother, Annie Palmer

6. Mother's Maiden Name, Annie Tinson

7. Mother's Birthplace, Va

8. Full Name of Father, no Palmer

9. Father's Occupation Porter

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr. Todd

Address, M Md Gen Hosp

Remarks,

8980002159

been conferred) its sex, color, the [illegible] and number of the practitioner in the form of a certificate [illegible] the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 91452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26 1898
4. Place of Birth, (Street and Number) 1002 W. Baltimore st
5. Full Name of Mother, Dasie D Wilson
6. Mother's Maiden Name, Dasie D Tudor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James H Wilson
9. Father's Occupation Car Driver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr Connie Fales

Address,

Remarks,

8980002160

Wm. C. Dulany Co., City Printers and Stationers

mother, also the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and whether the first, second or third child, and whether the child was born alive or dead, and whether a male child has been circumcised. This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. B. 91453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 9-'98
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Estella Mack
6. Mother's Maiden Name, Estella Banks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Mack
9. Father's Occupation Plasterer
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Lyon W Dobbin M D

Address, The Johns Hopkins Hospital

Remarks,

8980002161

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91451 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Apl. 9th 1898.
4. Place of Birth, (Street and Number) 905 McDonogh St.
5. Full Name of Mother, Blanche Colton
6. Mother's Maiden Name, Blanche Tate
7. Mother's Birthplace, Richmond Co., Va.
8. Full Name of Father, Jas. Colton
9. Father's Occupation Hostler
10. Father's Birthplace, Jackson, N. C.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp., E

Baltimore, Md.

Remarks,

8 9 8 0 0 0 2 1 6 2

been conferred his sex, color, the date of birth, the place of birth, the full name of the mother and the maiden name of the mother of such child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or practitioner it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. No. 91455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 April 1898
4. *Place of Birth, (Street and Number)* 815 Linn St
5. *Full Name of Mother,* Idie Kawalewska
6. *Mother's Maiden Name,* I Szczepanek
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jiem Kawalewski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary

Address, 121 S. Linn St

Remarks, Baltimore

8980002163

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RETURN OF A BIRTH A. 91456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 1898

4. Place of Birth, (Street and Number) 9th of Baltimore City 820 Woodyear St

5. Full Name of Mother, Sallie Waddy

6. Mother's Maiden Name, Sallie Johnson

7. Mother's Birthplace, Lancaster county V.A.

8. Full Name of Father, William Waddy

9. Father's Occupation Laborer

10. Father's Birthplace, Lancaster county V.A.

Name of Medical Attendant, or other person who makes this Return, Fannie Jones

Address, 1009 Woodyear St.

Remarks, 1

8980002164

said schedule shall be delivered, duly signed by the practitioner, to the officer or practitioner of the Commissioner of Health. In case the birth of any child third day of each and every month of a physician after it shall become the duty of midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 91457

GIVEN NAME ADDED 5-23-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Francis A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6th 1898
4. *Place of Birth, (Street and Number)* 838 S Broad St
5. *Full Name of Mother,* Julia Sperry
6. *Mother's Maiden Name,* Slectarsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Ignacy Sperry
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pell

Address, 838 S. Broad St.

Remarks,

8980002165

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected by the Registrar, shall be duly signed by the practitioner in the form of a certificate hereinbefore provided, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinbefore provided, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Martin Bruckey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 day of April 1898
4. *Place of Birth, (Street and Number)* No 5 Butcher Lane
5. *Full Name of Mother,* Ellen Bruckey
6. *Mother's Maiden Name,* Ellen Adams
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* Joseph Washington Bruckey
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mrs Walter

Address, #828 Saint peter Street

Remarks,

8980002166

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9th 1898
4. Place of Birth, (Street and Number) 118 Milton Avenue
5. Full Name of Mother, Julia B. H. Merriken
6. Mother's Maiden Name, Julia B. Hearn
7. Mother's Birthplace, Howard Co. Maryland
8. Full Name of Father, Wm Merriken
9. Father's Occupation, Justice of the Peace
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, DR. S. T. ROEDER

Address, 1904 E. Fayette St.

Remarks,

8 9 8 U 0 0 2 1 6 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

month, and shall set forth as to the full name and occupation of its parents, the date [illegible] the first and been conferred, its sex, color, the full name and occupation of its parents, the date of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 91460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 9th 1898.

4. Place of Birth, (Street and Number) 52 Market Space.

5. Full Name of Mother, Katie B. Gunn

6. Mother's Maiden Name, " Geissler

7. Mother's Birthplace, Maryland

8. Full Name of Father, Adolph D. Gunn.

9. Father's Occupation Fish Dealer

10. Father's Birthplace, Tennessee

Name of Medical Attendant, or other person who makes this Return, Mrs E. Sherman

Address, 42 Hillsmere Ave

Remarks,

8 9 8 0 0 0 2 1 6 8

been [illegible] duly signed by the practitioner in the form in which the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance, or in case there be no such practitioner in attendance, then by the person in charge of the house in which the birth occurs, or by the parent of the child, or by the person having charge of the child, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10th of April 96
4. *Place of Birth, (Street and Number)*	1810 Dover St.
5. *Full Name of Mother,*	Mariane Weisner
6. *Mother's Maiden Name,*	Mariane Spitznagel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Joseph Weisner
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2126 W Pratt St
Remarks,	

8780002169

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday April 10 1898
4. Place of Birth, (Street and Number) 1819 N. Fulton Ave.
5. Full Name of Mother, Emma Wilson
6. Mother's Maiden Name, Emma Florence
7. Mother's Birthplace, New York.
8. Full Name of Father, Jas. H. Wilson.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Carroll Co.

Name of Medical Attendant, or other person who makes this Return, C. G. Kiefer M.D.

Address, 1304 W. Gilmor St.

Remarks,

1898 0002170

Wm. J. C. Dulany Co., City Printers and Stationers.

of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the shall occur without the attendance of a physician or attendance upon the mother, immediately thereafter child to report its birth to the Commissioner of Health any such person or persons who shall hereafter fail to jected to the fine of ten (10) dollars for each offence, to

RETURN OF A BIRTH. A 91463.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10th April 1898.
4. Place of Birth, (Street and Number) 723. N. Spring St
5. Full Name of Mother, Cristina Heldebrand
6. Mother's Maiden Name, Cristina Gossman.
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, George
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J Bink Midwife
Address, 1417. E Eager St
Remarks,

8980002171

month, and shall set forth, as far as the same and occupation of its parents, the date and place of birth, and the full name, sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred), its sex, color, the full name and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no one of the parents of such shall occur without the attendance of a physician or practioner of midwifery, or should no one of the person or persons required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91464

CERTIFICATE CORRECTED 11-5-37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EMMA ~~MARIE~~ AHRENS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16th day April 1918
4. Place of Birth, (Street and Number) 1070 N. Eutaw St
5. Full Name of Mother, Emma (Ahrens) AHRENS
6. Mother's Maiden Name, Emma (~~Siegel~~) SIEGEL
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William (Aug H) AHRENS
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs D Gist Hackwith

Address, 1417 E. Eager St.

Remarks,

1898 0002172

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. No. 91465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 10/98

4. Place of Birth, (Street and Number) #896 S. Luzerne St. Canton

5. Full Name of Mother, Agnes Slurek.

6. Mother's Maiden Name, Agnes Stasiak.

7. Mother's Birthplace, Germany

8. Full Name of Father, Wm. Slurek.

9. Father's Occupation Stevedore

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, #1910 Alice Anna St

Remarks,

8 7 6 0 0 0 2 1 7 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

233.]

RETURN OF A BIRTH. A 91466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colld
3. Date of Birth, 10 April 1898
4. Place of Birth, (Street and Number) 1334 Carey st Balt md
5. Full Name of Mother, Fannie Ellen Ware
6. Mother's Maiden Name, Fannie Ellen Holmes
7. Mother's Birthplace, Essex Couty Virginia
8. Full Name of Father, William Willis Ware
9. Father's Occupation Stone Driller
10. Father's Birthplace, Nelson Couty Virginia

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, ~~1337~~ 1337 Whatcoat st

Remarks,

8 9 8 U 0 0 2 1 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 10th 1898

4. *Place of Birth, (Street and Number)* 1344 Lanvale

5. *Full Name of Mother,* Grace Fuland

6. *Mother's Maiden Name,* Monk

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Chas. H. Fuland.

9. *Father's Occupation* Clerk.

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, R. B. Nowell M.D.

Address, 320 Falls Road

Remarks,

8980002175

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th April 1898
4. *Place of Birth, (Street and Number)* 227 W. Chase
5. *Full Name of Mother,* Margie ~~Keenan~~ Keenan
6. *Mother's Maiden Name,* Gallagher Gallagher
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Thomas ~~Keenan~~ Keenan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Dr. Long

Address, 1318 W. Lombard

Remarks,

8980002176

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 10th 98

4. Place of Birth, (Street and Number) 105 N Carrington Ave

5. Full Name of Mother, Elizabeth Sullivan

6. Mother's Maiden Name, Wilson

7. Mother's Birthplace, Md

8. Full Name of Father, Harry Sullivan

9. Father's Occupation Sailor

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Eugene Stephens Jr

Address, 804 W Monroe Ave

Remarks,

1898 0002177

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 9

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 April 1898
4. Place of Birth, (Street and Number) 1313 Chapel H
5. Full Name of Mother, Marie Reesner
6. Mother's Maiden Name, Glenson
7. Mother's Birthplace, Balt
8. Full Name of Father, John Reesner
9. Father's Occupation —
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N Carl St.

Remarks,

8 9 8 0 0 0 2 1 7 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 10th of April 1894
4. Place of Birth, (Street and Number) Baltimore City 2005 Etting St.
5. Full Name of Mother, Annie M Marsden
6. Mother's Maiden Name, Annie M Marsden
7. Mother's Birthplace, Prince George County MD.
8. Full Name of Father, Edward Davis
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore MD.

Name of Medical Attendant, or other person who makes this Return, Fannie Jones

Address, 609 Montgomery St

Remarks, 0

8988002179

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236 |

RETURN OF A BIRTH. 9/1/72

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 April 1898
4. Place of Birth, (Street and Number) 1130 Marlott. Dalatar st
5. Full Name of Mother, Dora Stumann
6. Mother's Maiden Name, Dora White
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles G. Stumann
9. Father's Occupation Sailor
10. Father's Birthplace, Bremen Haven

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1411 Nicholson st City

Remarks,

1898 00 02180

Wm. J. C. Dulany Co., City Printers and Stationers.

Births, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th,

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 10th 1898.

4. Place of Birth, (Street and Number) 934 Duncan Alley

5. Full Name of Mother, Mrs Caroline Johnson

6. Mother's Maiden Name, Miss Caroline Stantley.

7. Mother's Birthplace, Kent County.

8. Full Name of Father, Mr William Johnson.

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bordealia Howard

Address, # 1010 N Chapple Street

Remarks,

8980002181

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred on his sex, color, the full name and occupation of his parents, the place of birth, and the name and residence of the attendant, if any, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91474

GIVEN NAME ADDED 3-12-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: August B.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 April 1898.

4. Place of Birth, (Street and Number) E. Hoed Street 1107

5. Full Name of Mother, Catharina Fiore

6. Mother's Maiden Name, Catharina Becker

7. Mother's Birthplace, Germany

8. Full Name of Father, Peter Fiore

9. Father's Occupation Builder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Bissell

Address, 731 N. Eden St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH. A 91474

GIVEN NAME ADDED. 3-12-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: August B.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 1898
4. Place of Birth, (Street and Number) E. Fort Ave 1107
5. Full Name of Mother, Catharina Fiszer
6. Mother's Maiden Name, Catharina Becker
7. Mother's Birthplace, Germania
8. Full Name of Father, Peter Fiszer
9. Father's Occupation Butcher
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return Mrs. L. M. Bishop

Address, N. 731 N. Eden St.

Remarks,

8980002182

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. A 91475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 10 1898
4. *Place of Birth, (Street and Number)* No 607 Frederick Ave
5. *Full Name of Mother,* Rosa Jones
6. *Mother's Maiden Name,* Rosa Hickman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Jones
9. *Father's Occupation* Miner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No 512 Frederick Ave

Remarks,

1898U002183

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, July 10th 1898
4. Place of Birth, (Street and Number) 1117 Harmony Lane
5. Full Name of Mother, Allie Jones
6. Mother's Maiden Name, Allie Light
7. Mother's Birthplace, Virginia
8. Full Name of Father, Robert Jones
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, F. J. Long

Address, 115 W. Lombard St

Remarks,

8780002184

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 11471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 12th 1898.

4. Place of Birth, (Street and Number) Baltimore Md # 2303 Pennsylvania Ave

5. Full Name of Mother, Eugenia Schmaltz

6. Mother's Maiden Name, Kraning.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Schmaltz

9. Father's Occupation Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Kraning

Address, # 411 S. Hughes St. Baltimore

Remarks, Mother and Child are doing well.

1 8 9 8 0 0 0 2 1 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Boy 5/

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 10/98

4. Place of Birth, (Street and Number) 1917 Lombard st

5. Full Name of Mother, Susie Smith

6. Mother's Maiden Name, Susie Howard

7. Mother's Birthplace, Ballo

8. Full Name of Father, Charles Smith

9. Father's Occupation Clerk

10. Father's Birthplace, Ballo

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhaus

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 0 0 0 2 1 8 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10 1908
4. Place of Birth, (Street and Number) 804 Chesapeake St.
5. Full Name of Mother, Wilhelmina Hensler
6. Mother's Maiden Name, " Kraemer
7. Mother's Birthplace, Germany
8. Full Name of Father John Hensler
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dissenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

B 9 8 0 0 0 2 1 8 7

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91480

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth*	April 16 1898
4. *Place of Birth, (Street and Number)*	1227 Penrhyn Al
5. *Full Name of Mother*	Mary Moody (Lloyd)
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	James Moody
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return	W M Lewis MD
Address	1220 Linden Ave
Remarks	

18980002188

36.]

RETURN OF A BIRTH. 91481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10 of April 1898
4. *Place of Birth, (Street and Number)*	212 Chapel str
5. *Full Name of Mother,*	Soufi Peterka
6. *Mother's Maiden Name,*	Soufi Suk
7. *Mother's Birthplace,*	Bohemic
8. *Full Name of Father,*	Charli Peterka
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	Luise Svatora
Address,	1010 Durham str
Remarks,	

1 8 9 8 0 0 0 2 1 8 9

Every birth occurring in Baltimore City after the passage of this ordinance, shall be registered within ten days after the occurrence thereof, with the Registrar of Vital Statistics, and it shall be the duty of the attending physician or midwife, or in the absence of a physician or midwife, then of the father, mother, householder or owner of the premises where such birth occurred, to report to the Registrar of Vital Statistics the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

RETURN OF A BIRTH. A 91482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16 April 1898
4. *Place of Birth, (Street and Number)*	210 Rose str
5. *Full Name of Mother,*	Soufi Loukota
6. *Mother's Maiden Name,*	Soufi Matula
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	~~Jan~~ Frank Loukota
9. *Father's Occupation*	Thailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	Luise Svatora
Address,	1010 Durham str
Remarks,	

1 8 9 8 0 0 0 2 1 9 0

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 of April 1898
4. Place of Birth, (Street and Number) 1502 Durham st
5. Full Name of Mother, Lizie Opalecky
6. Mother's Maiden Name, Lizie Svehla
7. Mother's Birthplace, Bohemie
8. Full Name of Father, Mairk Opalecky
9. Father's Occupation Thailor
10. Father's Birthplace, Bohemie

Name of Medical Attendant, or other person who makes this Return, Luise Svätora

Address, 1010 Durham str

Remarks, 1898 U 002191

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10 98
4. Place of Birth, (Street and Number) 915 S. Caroline St
5. Full Name of Mother, Maggie Tiesie.
6. Mother's Maiden Name, Maggie Kwiezewski.
7. Mother's Birthplace, Germany
8. Full Name of Father, Thomas Tiesie
9. Father's Occupation Laborer
10. Father's Birthplace, Russia Poland.

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal

Address, 1710 Alice Anna St

Remarks, Done

8 9 8 0 0 0 2 1 9 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 10 1898
4. Place of Birth, (Street and Number) 407 S. High St.
5. Full Name of Mother, Emma Wankenmiler
6. Mother's Maiden Name, Fill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Wankenmiler
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Harry Stein

Address, 1427 E. Pratt St.

Remarks,

18980002193

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RETURN OF A BIRTH. A 91486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1898
4. Place of Birth, (Street and Number) 2535 (2831) Saline St Balti. Md
5. Full Name of Mother, Marguerite Grieser
6. Mother's Maiden Name, " " Moore
7. Mother's Birthplace, USA Germany
8. Full Name of Father, John D. Grieser
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 827 N. Lexington St

Remarks,

8980002194

Wm. J. C. Dulany Co,. City Printers and Stationers.

and Section shall be recorded. Any signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A 91481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 11. 1898.
4. *Place of Birth, (Street and Number).* 1603 Clarkson Street.
5. *Full Name of Mother,* Mary Agnes Burns,
6. *Mother's Maiden Name,* Cox,
7. *Mother's Birthplace,* Roseman - Ireland,
8. *Full Name of Father,* Tim Burns,
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Roseman - Ireland.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanne for the Mothers Relief Society

Address, 1712 Eutaw Place.

Remarks.

8980002195

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 91488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, April 11-98

4. Place of Birth, (Street and Number) The Johns Hopkins Hospital

5. Full Name of Mother, Ella Travis

6. Mother's Maiden Name, — —

7. Mother's Birthplace, Maryland

8. Full Name of Father, Garrett Fiedtman

9. Father's Occupation Yatii Shucker

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks,

8 9 8 0 0 0 2 1 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Monday Apr 11th, 1898.
4. *Place of Birth, (Street and Number)* 36 S. Schroeder St.
5. *Full Name of Mother,* Emma Lee Mc Curley
6. *Mother's Maiden Name,* Emma Lee Benny
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* ~~John H Benny~~ Edward. E. McCurley
9. *Father's Occupation* Horse Raddish Dealer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs O Hare

Address, 524 Hollins St

Remarks,

8 4 8 0 0 0 2 1 9 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH. 91490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 11-98.
4. *Place of Birth, (Street and Number)*	913 N. Dallas av.
5. *Full Name of Mother,*	Dora Voelkel
6. *Mother's Maiden Name,*	D. Walbling
7. *Mother's Birthplace,*	Carroll Co. Md.
8. *Full Name of Father,*	George Voelkel
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Chas. H. A. Meyer M. D.
Address,	1033 N. Caroline st.
Remarks,	

8980002198

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate prescribed by the said third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 11th of April. 1898.
4. *Place of Birth, (Street and Number)* Canton 300 Elliott St.
5. *Full Name of Mother,* Jennie H. Freund.
6. *Mother's Maiden Name,* Jennie H. Hilbert.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles Freund.
9. *Father's Occupation* Teamster.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Lierzemann.

Address, 1107 Chesapeake Street.

Remarks, none.

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Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Mary E. Rexroth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) (Male) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 11th 1898
4. Place of Birth, (Street and Number) 1418 E. Madison st
5. Full Name of Mother, Amanda Rexroth
6. Mother's Maiden Name, " Peyles
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Peter Rexroth
9. Father's Occupation, Box maker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Adams

Address, 2030 N. Washington st

Remarks,

8980002200

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* April 11, 1898

4. *Place of Birth, (Street and Number)* 932 Stark

5. *Full Name of Mother,* Rose Ketchum

6. *Mother's Maiden Name,* Rose Stahm

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Charles Ketchum

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Jno. L. Donayne

Address, 824 S. Canton Ave.

Remarks,

8 9 8 0 0 0 2 2 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or practitioner of midwifery, or other person who shall attend upon any birth, shall, within ten days after the birth, give notice thereof to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 11, 1898

4. Place of Birth, (Street and Number) 2301 Hoste Ave.

5. Full Name of Mother, Mary Burke

6. Mother's Maiden Name, Mary Jackson

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Burke

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L. Lorayne

Address, 824 S. Canton Av.

Remarks,

8 9 8 0 0 0 2 2 0 2

Said Schedule shall be delivered, duly signed by the physician, midwife or other person in attendance, at the office of the Registrar of Vital Statistics, within ten days after the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 11 of April 1894
4. *Place of Birth, (Street and Number)* 1749 E Orleans st
5. *Full Name of Mother,* Nettie Schab
6. *Mother's Maiden Name,* Somerville
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James F Schab
9. *Father's Occupation* Waterman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs A Davenport

Address, 1637 North ave

Remarks, Ne Data Given

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Wm. J. C. Dulany Co., City Printers and Stationers

Said certificate shall be delivered, duly signed, by the person required to make the same, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5th mo April 1898
4. *Place of Birth, (Street and Number)*	712 North Carollton
5. *Full Name of Mother,*	Mary Zimmer
6. *Mother's Maiden Name,*	Mary Hinkelman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Zimmer
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm H. Lauer
Address,	No 1059 Harford Ave
Remarks,	Bal Md

8 9 8 0 0 0 2 2 0 4

Wm J. C. Dulany Co., City Printers and Stationers.

Said Certificate shall be delivered duly signed by the practitioner in the form of a certificate hereon to the first registrar of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 11, 1888.

4. *Place of Birth, (Street and Number)* Mt Arlington.

5. *Full Name of Mother,* Laura Smith Doyle.

6. *Mother's Maiden Name,* Laura Smith

7. *Mother's Birthplace,* Balto City.

8. *Full Name of Father,* Samuel B. Doyle.

9. *Father's Occupation* Bank clerk

10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other person who makes this Return, Cora Belle Brenchley M.D.

Address, 1027 Madison Ave

Remarks,

18880002205

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 91498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, April 11 - 98

4. Place of Birth, (Street and Number) 1720 Sherman Pl.

5. Full Name of Mother, Martha Jeffers

6. Mother's Maiden Name, " Tighlman

7. Mother's Birthplace, Md.

8. Full Name of Father, Daniel Jeffers

9. Father's Occupation Laborer

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Naughton Baseley M.D.

Address, 301 E 22nd St.

Remarks, L.O.P. Instrumental delivery instrumental.

8 9 8 0 0 0 2 2 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 11th 1898
4. Place of Birth, (Street and Number) 203 Richmond St
5. Full Name of Mother, Julia Kirk
6. Mother's Maiden Name, " Myers
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, James Kirk.
9. Father's Occupation Waiter
10. Father's Birthplace, South Carolina

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, No 1024 Park Ave.

Remarks,

8 8 0 0 0 2 2 0 7

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 11 1898
4. *Place of Birth, (Street and Number)*	No 7 Stafford Lane
5. *Full Name of Mother,*	Emma Kirchhoff
6. *Mother's Maiden Name,*	Emma Shriver
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Harry F. Kirchhoff
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Wicks
Address,	Hoffmans Lane Balto City
Remarks,	

1898 00 02208

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11. 1898.
4. Place of Birth, (Street and Number) 7 High St
5. Full Name of Mother, Rachael Bernstein
6. Mother's Maiden Name, " Cooper
7. Mother's Birthplace, Russia
8. Full Name of Father, Harry Bernstein
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42 Dillwyn Rd

Remarks,

1 8 9 8 0 0 0 2 2 0 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* April 1st 95
4. *Place of Birth, (Street and Number)* 352 Gold St.
5. *Full Name of Mother,* Amelia Goode
6. *Mother's Maiden Name,* Amelia McBeth
7. *Mother's Birthplace,* So. Carolina
8. *Full Name of Father,* Louis Norrella
9. *Father's Occupation* Stone-mason
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return Milton D Bowers M.D.

Address, 1324 N. Calhoun St.

Remarks,

1 8 9 8 0 0 0 2 2 1 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1898
4. Place of Birth, (Street and Number) 502 Block St
5. Full Name of Mother, Elizabeth Miller
6. Mother's Maiden Name, Gotz
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Melchior Miller
9. Father's Occupation Boiler Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Francis A Sauer M.D

Address, 1400 Jefferson St

Remarks,

8980002211

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apl. 11/98
4. *Place of Birth, (Street and Number)*	N. Howard St. n. Madison
5. *Full Name of Mother,*	Annie Larsen
6. *Mother's Maiden Name,*	" Haasmann
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	J. E. Larsen
9. *Father's Occupation*	Shoe Maker
10. *Father's Birthplace,*	Norway
Name of Medical Attendant, or other person who makes this Return,	Wm B. Rider
Address,	867 Harlem Ave.
Remarks,	

8980002212

been conferred,) its sex, color, the full name and occupation of its parents, &c., a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. A 91505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 12th of April 1898

4. Place of Birth, (Street and Number) 1822 Hiddard Alley

5. Full Name of Mother, Sarah Pusley

6. Mother's Maiden Name, Sarah Logans

7. Mother's Birthplace, Orange Co Va

8. Full Name of Father, George T. Pusley

9. Father's Occupation laboring work

10. Father's Birthplace, Orange Co Va

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, Clark E. Lee

Remarks, 1316 Stockton St

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8980002213

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12 1898
4. *Place of Birth, (Street and Number)* 11 W. Lafayette Ave
5. *Full Name of Mother,* Elsie Turnbull
6. *Mother's Maiden Name,* Pennington
7. *Mother's Birthplace,* Baltimore Co. -
8. *Full Name of Father,* Archibald Turnbull
9. *Father's Occupation* Ins. Clerk
10. *Father's Birthplace,* Annapolis Md

Name of Medical Attendant, or other person who makes this Return, P. H. Deford M. D.

Address, 1010 Madison St.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8980002214

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12th 1898
4. Place of Birth, (Street and Number) 706 S Green st.
5. Full Name of Mother, Annie Martha Klein
6. Mother's Maiden Name, " Siefert
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Geo. H. Klein
9. Father's Occupation Straw Hatter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 N. Gross St

Remarks,

8980002215

Wm. J. C. Dulany Co., City Printers and Stationers.

A 91508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apl. 12th 1898

4. Place of Birth, (Street and Number) 1926 E. Eager St.

5. Full Name of Mother, Rose Pritchett

6. Mother's Maiden Name, Rose Kinzer

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Saml. L. Pritchett

9. Father's Occupation Bricklayer

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore, Md.

8 9 8 0 0 0 2 2 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after such birth, and the said report shall state the full name and occupation of its parents, the date and place of birth, and the sex and color of the child. In case the birth occurs in a hospital, lying-in asylum or other institution, the person in charge thereof shall be required to report the birth as herein provided. In case the birth occurs elsewhere than in a hospital, lying-in asylum or other institution, the report shall be made by the physician or midwife in attendance, and in case there is no physician or midwife in attendance, then by the householder. Any person required to report a birth who shall refuse or neglect to do so within the time specified, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than five (5) dollars nor more than fifty (50) dollars for each offence.

No certificate of birth shall be required by the Registrar of Vital Statistics, Board of Health, Baltimore City, unless the child shall be known to be living at the time of the delivery of the certificate. Every certificate of birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and said schedule shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apl. 12th, 1898
4. *Place of Birth, (Street and Number)* 1822 E. Madison St.
5. *Full Name of Mother,* Johanna Nehus
6. *Mother's Maiden Name,* Johanna Lücke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry A. Nehus
9. *Father's Occupation* Baker
10. *Father's Birthplace,* German

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore, Md.

S 9 8 0 0 0 2 2 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 12 1898

4. Place of Birth, (Street and Number) 930 Pulliam St.

5. Full Name of Mother, Ada J. Stewart

6. Mother's Maiden Name, Ada M. Griffith

7. Mother's Birthplace, Virginia

8. Full Name of Father, Frank H. Stewart

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who takes this return, Dr Evans

Address, 1-C Cor Ches & Fayette

Remarks,

8980002218

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 9/511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3rd, &c.~~) 2

1. Sex, (state whether male or ~~female~~) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 12 of April 1898 at ¼ past 12 a. m
4. Place of Birth, (Street and Number) 1718 Barnes street
5. Full Name of Mother, Jennie Blake Gibson
6. Mother's Maiden Name,
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, Jacob J Blake
9. Father's Occupation labor
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Josephine. Amos. Cooper

Address, 902 McDonogh Street

Remarks, Mother is well the boy is little week

Baltimore City Md.

8 9 8 0 0 0 2 2 1 9

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Tuesday April 12th 1898 (9:30 A.M.)
4. Place of Birth, (Street and Number) 518 Baker St
5. Full Name of Mother, Johanna Tasker
6. Mother's Maiden Name, Johanna Douglass
7. Mother's Birthplace, Prince Georges County Md
8. Full Name of Father, David Tasker
9. Father's Occupation Ship Steward
10. Father's Birthplace, Prince Georges County Md

Name of Medical Attendant, or other person who makes this Return, Attendant Nurse

Address, 112. W Mulberry St Baltimore Md

Remarks,

1898 00022220

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. No. 91513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 12 - 1898.
4. Place of Birth, (Street and Number) 1520 N. Mount St.
5. Full Name of Mother, Blanche J. Lewis -
6. Mother's Maiden Name, Carrick -
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Giles J. Lewis -
9. Father's Occupation, Paper Hanger.
10. Father's Birthplace, New York.

Name of Medical Attendant, or other person who makes this Return, R. H. Goldsmith, M.D.

Address, Harlem av. & Calhoun St -

Remarks,

8980002221

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 91514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, April 12 th 1895

4. Place of Birth, (Street and Number) 2219 Eastern Ave. Balto

5. Full Name of Mother, Lina Reed Bush

6. Mother's Maiden Name, Lina Kelly.

7. Mother's Birthplace, Balto

8. Full Name of Father, John Bush

9. Father's Occupation Laborer.

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Sarah Bush

Address, Hopkins Place & Eastern Ave. Balto.

Remarks,

18 9 8 0 0 0 2 2 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

The third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH No. 9515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 12th 1898.
4. *Place of Birth, (Street and Number)*	No 210 E Cross St
5. *Full Name of Mother,*	Lillie Whittier
6. *Mother's Maiden Name,*	Lillie Holtzman
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John Whittier
9. *Father's Occupation*	Ship Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	No 1828 Light St.
Remarks,	Doing Well

Been counted, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

+ 8 7 8 0 0 0 2 2 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH A. 91576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 - 98 -
4. Place of Birth, (Street and Number) 233 S. Gilmor St.
5. Full Name of Mother, Mary A. Ferry
6. Mother's Maiden Name, Mary A. Dawkins
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Henry H. Ferry
9. Father's Occupation, Flour Inspector
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Price. M.D.

Address, 1203 W. Fayette St.

Remarks,

1898 0002224

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH. A 91517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* 12 April 98
4. *Place of Birth, (Street and Number)* 813 Bett St
5. *Full Name of Mother,* Annie Byrd
6. *Mother's Maiden Name,* Annie Morris
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* James Byrd
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Haughton Barley M.D.

Address, 301 22nd St

Remarks, Normal.

1898 0002225

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12th 1871
4. *Place of Birth, (Street and Number)* 108 Courtney street
5. *Full Name of Mother,* Mary Cunningham
6. *Mother's Maiden Name,* Mary Ryan
7. *Mother's Birthplace,* County Kerry Ireland
8. *Full Name of Father,* Arthur Cunningham
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* County Fermanagh Ireland

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1036 N. Spring st.

Remarks,

8 9 8 0 0 0 2 2 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 1898
4. Place of Birth, (Street and Number) 115 Coleman's Court
5. Full Name of Mother, Mary E Tucker
6. Mother's Maiden Name, Mary E Richards
7. Mother's Birthplace, Balto City
8. Full Name of Father, Sylvester Tucker
9. Father's Occupation Manchester
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs Barnes

Address, 711 N. Lorest St

Remarks,

18980002227

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. D 91520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 12 98

4. Place of Birth, (Street and Number) Md Gen Hosp

5. Full Name of Mother, Mrs Hayden

6. Mother's Maiden Name,

7. Mother's Birthplace, Washington D C.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace, M D Ford

Name of Medical Attendant, or other person who makes this Return, Md Gen Hosp

Address,

Remarks,

8 9 8 U 0 0 2 2 2 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter provided, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

/

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) Oct 12 '98.

3. Date of Birth, Md Gen Hosp.

4. Place of Birth, (Street and Number) Hannie Currie,

5. Full Name of Mother, " "

6. Mother's Maiden Name, Md.

7. Mother's Birthplace, Bronschuey.

8. Full Name of Father, Lab.

9. Father's Occupation

10. Father's Birthplace, M D Todd

Name of Medical Attendant, or other person who makes this Return, M.D. Gen Hosp

Address,

Remarks,

8 9 8 U 0 0 2 2 2 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinbefore prescribed, to the Registrar of the district in which the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 9152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 91522

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Four
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 12th 1878
4. *Place of Birth, (Street and Number)*	1206 E North Ave
5. *Full Name of Mother,*	Martha Morris.
6. *Mother's Maiden Name,*	Martha Harper
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Geo. S. Morris
9. *Father's Occupation,*	Driver of Butter Wag
10. *Father's Birthplace,*	Balto County
Name of Medical Attendant, or other person who makes this Return,	J C Neglarth
Address,	1223 E North Ave.
Remarks,	

1898 U 0 0 2 2 3 0

r of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of
. This schedule shall contain a list of the births which have occurred under his or her care during the
, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
conferred, its sex, color, the full name and occupation of its parents, the date and place of birth and the
chedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
day of each and every month to the office of the Commissioner of Health. In case the birth of any child
ccur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such
liance upon the mother, immediately thereafter, in the manner and within the period above required, and
to report its birth to the Commissioner of Health, in the manner hereafter laid to comply with the provisions of this section shall be sub-
nch person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
l to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 13 of April 1898
4. *Place of Birth, (Street and Number)*	121 Hallbrook St
5. *Full Name of Mother,*	Mary Groppe
6. *Mother's Maiden Name,*	Mary Bearschmidt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Isaak Groppe
9. *Father's Occupation,*	Grocery
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Christianer
Address,	1059 Stafford Ave
Remarks,	Bal. Md

1898 006231

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apl. 13th. 1898
4. *Place of Birth, (Street and Number)* 1039 N. Castle St.
5. *Full Name of Mother,* Ida Doyle
6. *Mother's Maiden Name,* Ida Myers
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Jno. F. Doyle
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8980002232

Wm. J. C. Dulany Co., City Printers and Stationers.

said section shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male - Darin Lee Chilcoat
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 19th 1898
4. *Place of Birth, (Street and Number)* # 414 E. 20th St.
5. *Full Name of Mother,* Sophia E. Chilcoat.
6. *Mother's Maiden Name,* Duthoff
7. *Mother's Birthplace,* Penn.
8. *Full Name of Father,* Royal L. Chilcoat.
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, R. B. Norment M.D.

Address, 820 Folls Road

Remarks, Full name of child added by mother upon applying for a transcript Mrs R L Chilcoat mother E. E. Nelson Reg. March 11-1932.

B 9 8 0 0 0 2 2 3 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) 3d white

3. Date of Birth, 13 April 1898

4. Place of Birth, (Street and Number) 1324 Wilcox St

5. Full Name of Mother, Maggie Molloy

6. Mother's Maiden Name, Maggie Donohue

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas Molloy

9. Father's Occupation Brassfinisher

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Britt Meikrejohn

Address, 1417 E. Eager St.

Remarks,

8980002234

Wm. J. C. Dulany Co., City Printers and Stationers.

36

GIVEN NAME ADDED 11-9-56

RETURN OF A BIRTH. A 91527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Hantler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, April 18th 1898.
4. Place of Birth, (Street and Number) Bond St. 623
5. Full Name of Mother, Louis Hantler
6. Mother's Maiden Name, Lee
7. Mother's Birthplace, Germany
8. Full Name of Father, Johann Heinrich
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. Marshall

Address, 1217 E. Baltimore

Remarks,

8 9 8 0 0 0 2 2 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91528

GIVEN NAME ADDED 8/14/70

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ELLARIE McCUSKER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 13th 1868

4. Place of Birth, (Street and Number) 1413 Andre St.

5. Full Name of Mother, Jennie D. McClenahan

6. Mother's Maiden Name, Jennie D Spooner

7. Mother's Birthplace, Ohio

8. Full Name of Father, Patric McCusker

9. Father's Occupation U. S. Army

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, John Conrad M.D.

Address, 718 W. Madison St.

Remarks,

18980022336

been collected its sex, color, the full name and occupation of the parents, the first and
the practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
said schedule shall be delivered, duly signed by the physician or practitioner, at the office of the Commissioner of Health, within the first
third day of each and every month to a physician or practitioner of midwifery, thereafter it
attendance upon the mother, immediately after the birth of any child, a certificate of such birth shall become and within the period above required, and
shall occur without the attendance of a physician or practitioner of midwifery, thereafter it
attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and
child to report, or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. B 91529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 13th 1898
4. *Place of Birth, (Street and Number)*	No 406 E Biddle st
5. *Full Name of Mother,*	Mary Reed Murphy
6. *Mother's Maiden Name,*	" " Blair
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mathew J Murphy
9. *Father's Occupation*	Mariner
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	J Ridgway Andre M D
Address,	1123 E Baltimore st
Remarks,	

8 9 8 U 0 0 2 2 3 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. B 91530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13th 1898
4. Place of Birth, (Street and Number) 47 Lubin St.
5. Full Name of Mother, Virginia Earlie Clark
6. Mother's Maiden Name, " " Derrenberger
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Edgar Bernard Clark
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, William J. Finlayson M.D.

Address, 2530 Madison Ave. City

Remarks,

+ 8980002238

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2"

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, April 15-98
4. Place of Birth, (Street and Number) 15 W Fontard
5. Full Name of Mother, Lillian Fit
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 15 W Fontard

Remarks,

8 9 8 0 0 0 2 2 3 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH B 91532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 13th 1898
4. *Place of Birth, (Street and Number)* Connie Kaplan 1 " Berman.
5. *Full Name of Mother,* 101 S Spring Row
6. *Mother's Maiden Name,* Russia
7. *Mother's Birthplace,* Dr Kaplan.
8. *Full Name of Father,* Presser
9. *Father's Occupation,* Russia
10. *Father's Birthplace,* Chas. Feldman

Name of Medical Attendant, or other person who makes this Return,

Address, 10 S. Lombard St.

Remarks,

1898 0002240

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...of its parents, the date and place of birth; and the ...ner in the form of a certificate between the first and ...ssioner of Health. In case the birth of any child ...itioner of midwifery, or should no other person be in ...ll become the duty of the person or parents of such ...he manner and within the period above required, and ...mply with the provisions of this section shall be sub- ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable said schedule shall be delivered, duly signed by the practitioner in the ...third day of each and every month to the office of the Commissioner ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, Commissioner of Health, in the ...child to report its birth to the

36.]

RETURN OF A BIRTH. B 91533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born April 13th 1898
4. *Place of Birth, (Street and Number)*	#407 S. Smallwood St
5. *Full Name of Mother,*	Mrs. Julia Berger Kramer
6. *Mother's Maiden Name,*	Miss. " Berger
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Mr. Chas Krauder
9. *Father's Occupation*	Hair Factory
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	#2008 No. Henry St
Remarks,	

8 7 8 0 0 0 2 2 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 91534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13 1898
4. Place of Birth, (Street and Number) 10 Rogers av.
5. Full Name of Mother, Jane — Levy
6. Mother's Maiden Name, — Goldstein
7. Mother's Birthplace, Russia Kovne state
8. Full Name of Father, Jacob Levy
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, H. Flinder M.D.

Address, 143 W. Front St

Remarks,

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

18980002242

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Barborka

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13 April 1898
4. *Place of Birth, (Street and Number)*	1047 Durham str
5. *Full Name of Mother,*	Marij Barborka
6. *Mother's Maiden Name,*	Mary Zoubek
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Tetm Barborka
9. *Father's Occupation*	Gold worka
10. *Father's Birthplace,*	Bohemie
Name of Medical Attendant, or other person who makes this Return,	Luise Svatora
Address,	1010 Durham st
Remarks,	GIVEN NAME ADDED. 8-26-53

8980002243

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2005 Orleans Street
4. *Place of Birth, (Street and Number)*	April 14th 1893
5. *Full Name of Mother,*	Maggie Neumann
6. *Mother's Maiden Name,*	Maggie Seebold
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Peter Neumann
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs H Kyer Midwife
Address,	1922 E Fayette Street
Remarks,	

8980002244

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. B 91537

91538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins 1 & 2.

1. Sex, (state whether male or female) Both females.
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, April 14 '98
4. Place of Birth, (Street and Number) 5-24 Mulberry St.
5. Full Name of Mother, Margaret Thomas
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, George ——
9. Father's Occupation ——
10. Father's Birthplace, ——

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Gen. Hosp.

Remarks,

8980002245

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH B 91539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 28
4. *Place of Birth, (Street and Number)* 112 N. Castle St
5. *Full Name of Mother,* Mary Sadowsky
6. *Mother's Maiden Name,* Muller
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Vincent Sadowsky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address, 1625 Madison St

Remarks,

B 9 8 0 0 0 2 2 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 91540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14/98
4. Place of Birth, (Street and Number) 4 N. Paterson St.
5. Full Name of Mother, Mamie Freimuth
6. Mother's Maiden Name, " Ohle
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Freimuth
9. Father's Occupation Machinist
10. Father's Birthplace, W. Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8980002247

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B 91541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 14 1898

4. Place of Birth, (Street and Number) 510 N Smith St

5. Full Name of Mother, Mary Kelly

6. Mother's Maiden Name, Mary Reuben

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lynch Kelly

9. Father's Occupation Mill Hand

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E Dorsey

Address, 225 S Sharp St

Remarks, City

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Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th April 98
4. *Place of Birth, (Street and Number)*	14 Frederick Road
5. *Full Name of Mother,*	Anna Jansen
6. *Mother's Maiden Name,*	Anna Simler
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas Jansen
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Fredericka Hauler midwife
Address,	246 West Pratt St
Remarks,	

8980002249

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

RETURN OF A BIRTH A 91543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 7 1898
4. Place of Birth, (Street and Number) 1027 Lynn t alley
5. Full Name of Mother, Mary [illegible]
6. Mother's Maiden Name, Mary [illegible]
7. Mother's Birthplace, Conn
8. Full Name of Father, Gunboney Johnson
9. Father's Occupation Stone [illegible]
10. Father's Birthplace, Annapolis

Name of Medical Attendant, or other person who makes this Return, Mary Lowry

Address, 1809 Lamon st

Remarks,

8 9 8 0 0 0 7 2 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 14. 1895

4. *Place of Birth, (Street and Number)* No 1337 Hull St

5. *Full Name of Mother,* Annie Blest

6. *Mother's Maiden Name,* Annie Seifert

7. *Mother's Birthplace,* Germa

8. *Full Name of Father,* Anthony Blest

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. Mrs Ettie.

Address, 1617 Cuba St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE AMENDED

RETURN OF A BIRTH. B. 9154

CERTIFICATE AMENDED - 3/22/70

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FREDERICK ~~William~~ SCHMELZ

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14 th 1898
4. Place of Birth, (Street and Number) 2023 Pleasent Alley
5. Full Name of Mother, Minnie ~~Schmelty~~ SCHMELZ
6. Mother's Maiden Name, Eckstorm
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry ~~Schmelz~~ SCHMELZ
9. Father's Occupation Paper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm L. Gross.

Address, 1917 E Monument St

Remarks,

8980002252

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Arthur ~~George~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14th 1898
4. Place of Birth, (Street and Number) No 5-6 N. Gay St
5. Full Name of Mother, Malvina Brochut
6. Mother's Maiden Name, Buie
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustave Brochut
9. Father's Occupation Bakery
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gess

Address, No 141 E. Monument St.

Remarks, GIVEN NAME ADDED 12-18-53 h.m

8980002253

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 14 1908
4. *Place of Birth, (Street and Number)* 23 Poley st
5. *Full Name of Mother,* Grace Virginia
6. *Mother's Maiden Name,* Nagle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mitchell Grace
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. [illegible] Swartz

Address, 934 E Fort ave

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the time and place of its birth, the number of this child of the mother, whether the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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GIVEN NAME ADDED 7-8-55

RETURN OF A BIRTH A 91518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Ruth Baetjer

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14 - 98 -
4. Place of Birth, (Street and Number) 740 Reservoir St.
5. Full Name of Mother, Katie E. Baetjer
6. Mother's Maiden Name, Katie E. Cook
7. Mother's Birthplace, Baltimore - Md.
8. Full Name of Father, J. Frank Baetjer
9. Father's Occupation, Notion Salesman
10. Father's Birthplace, Baltimore - Md.

Name of Medical Attendant, or other person who makes this Return, Henry E. Hill. M.D.

Address, 1203 W. Fayette St.

Remarks,

8 9 8 U 0 0 2 2 5 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91579.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male (2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 10 1902 519 Orchard St
4. *Place of Birth, (Street and Number)* 519 Orchard St
5. *Full Name of Mother,* Birtie Turner
6. *Mother's Maiden Name,* Birtie Adams
7. *Mother's Birthplace,* Botetourt Co Virginia
8. *Full Name of Father,* Joseph Turner
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Berkeley Co Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Carry Reid

Address, 4177 Parish St

Remarks,

8980002256

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred), its sex, color, the full name and occupation of the parents, and the practitioner in the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such Child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 13, 1897.
4. Place of Birth, (Street and Number) 1404 Riggs Ave
5. Full Name of Mother,
6. Mother's Maiden Name, Mattie Stella Salmon
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, Robert Brown
9. Father's Occupation Driver
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Maria Jones.

Address, 1337 N Eutaw St

Remarks,

1898 0002257

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14 98
4. Place of Birth, (Street and Number) 1023 North Mount St
5. Full Name of Mother, Sarah Bell Minor
6. Mother's Maiden Name, Sue Bee Baker
7. Mother's Birthplace, Talbert Co
8. Full Name of Father, James Henry Minor
9. Father's Occupation Carpenter
10. Father's Birthplace, Accomac Co Va

Name of Medical Attendant, or other person who makes this Return, Mary J Finegay

Address, 2947 Lanvale st

Remarks, Name of Child — Esther Minor

8 9 8 0 0 0 2 2 5 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, the day and hour when born, whether it has been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Apl. 14th 1898
4. Place of Birth, (Street and Number) 418 McElderry St.
5. Full Name of Mother, Annie Henson
6. Mother's Maiden Name, Annie Cornish
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Elisha Henson
9. Father's Occupation Laborer
10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B 91553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 April 1898
4. *Place of Birth, (Street and Number)* 1611 Canton Av. St
5. *Full Name of Mother,* Lene Dereska
6. *Mother's Maiden Name,* L Kalkoska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joe Dereski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Beyer

Address, 721 S Ann St

Remarks, Baltimore

8 9 8 0 0 0 2 2 6 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. B 91554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 April 8 92 E. Eager St 1898
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Marie Whelen
6. Mother's Maiden Name, McKenna
7. Mother's Birthplace, Ball.
8. Full Name of Father, Joseph Whelen
9. Father's Occupation =
10. Father's Birthplace, Ball,

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, Ave 928 N Central Ave

Remarks,

8 9 8 0 0 0 2 2 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

RETURN OF A BIRTH. B 91555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) do
3. Date of Birth, April 14 1898
4. Place of Birth, (Street and Number) 1513 E Townsend St
5. Full Name of Mother, Charlotta Francis Lutts
6. Mother's Maiden Name, " " Cook
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm J. Lutts
9. Father's Occupation Driver
10. Father's Birthplace, D C

Name of Medical Attendant, or other person who makes this Return, R G Davis MD

Address, 1507 N Caroline St

Remarks,

8980002262

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 91556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 April 98
4. Place of Birth, (Street and Number) ~~Cor Chestnut & Low st~~ Cor Chestnut & Low st
5. Full Name of Mother, Mary Boa
6. Mother's Maiden Name, " Gelati
7. Mother's Birthplace, Italy
8. Full Name of Father, Frank Boa
9. Father's Occupation Huckster
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Marie Romano

Address, 302 N. High st

Remarks,

8 9 8 0 0 0 2 2 6 3

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH

No. 91557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) white
3. *Date of Birth,* April 14th 1898
4. *Place of Birth,* (Street and Number) 212 East St
5. *Full Name of Mother,* Emma K. Hutchinson
6. *Mother's Maiden Name,* " Dietz
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John C. Hutchinson
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Boettner

Address, 701 Lafayette Ave

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

an Murphy & Co., City Printers and Stationers.

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36]

RETURN OF A BIRTH. 91558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 14 1898
4. *Place of Birth, (Street and Number)*	112 Adison Ally
5. *Full Name of Mother,*	Mary Reck
6. *Mother's Maiden Name,*	Mary Steg
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Robert Reck
9. *Father's Occupation,*	Plummer
10. *Father's Birthplace,*	Carall County
Name of Medical Attendant, or other person who makes this Return,	Elizebeth Hicks
Address,	Hoffman Lane Balto City
Remarks,	

8 9 8 0 0 0 2 2 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	4/14/98
4. *Place of Birth, (Street and Number)*	1032 Carlton Av
5. *Full Name of Mother,*	Mrs Bridget Jurgenson
6. *Mother's Maiden Name,*	" O'Hara
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Wm Jurgenson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann O'Connor
Address,	1112 Hanover St
Remarks,	

8980002266

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 51560

41560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	7/11/98
4. *Place of Birth, (Street and Number)*	1153 Hubert St
5. *Full Name of Mother,*	Mrs Bridget Flynn
6. *Mother's Maiden Name,*	" McHale
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thos Flynn
9. *Father's Occupation*	Bookkeeper
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Anne Horan
Address,	1112 Hubert St
Remarks,	

1 8 9 8 0 0 0 2 2 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 9156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 14. 1898.
4. Place of Birth, (Street and Number) E. Market Space
5. Full Name of Mother, Sarah Pitaasky
6. Mother's Maiden Name, " Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Benjamin Pitaasky
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Silverman

Address, 42 Eldonville St.

Remarks,

8980002268

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[36.]

RETURN OF A BIRTH. A 91562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 14 1893
4. Place of Birth, (Street and Number) 624 N. Carrollton Ave
5. Full Name of Mother, Alice M. Hammond
6. Mother's Maiden Name, Alice M. Jackson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward L. Hammond
9. Father's Occupation, Manufacturer & Proprietor Medicines
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, E. L. Hammond

Address, 624 N. Carrollton Ave

Remarks,

8980002269

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Collector of his sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 14 April 4 81 87
4. Place of Birth, (Street and Number) Birthplace 1 Stilwell St
5. Full Name of Mother, Hattie Louise
6. Mother's Maiden Name, Matilda Fields
7. Mother's Birthplace, Lunenburg Virginia
8. Full Name of Father, Louis Alexander Lewis
9. Father's Occupation Coachman
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Miss Maria Wright

Address, 814 Eutaw St

Remarks, None

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been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 14th 1898
4. *Place of Birth, (Street and Number)*	1219 Scott St Baltimore Md
5. *Full Name of Mother,*	Mathilda Dorathea Bamiller
6. *Mother's Maiden Name,*	Mathilda Dorathea Kahl
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Henry Bamiller
9. *Father's Occupation*	Diner
10. *Father's Birthplace,*	Washington D C
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 N. Crozer St
Remarks,	

8480002271

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Washington ~~Oswinkle~~ E M Oswinkle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14/98
4. Place of Birth, (Street and Number) 813 N. Rosedale
5. Full Name of Mother, Ellen D. Oswinkle
6. Mother's Maiden Name, " " Thornrod
7. Mother's Birthplace, B. C.
8. Full Name of Father, Joseph C. Oswinkle
9. Father's Occupation Farmer
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, G. L. Billetus

Address, C. H. Brady

Remarks, GIVEN NAME ADDED 2-18-54

3980002274

said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 5th 98

4. Place of Birth, (Street and Number) 5-4 B Fremont Ave.

5. Full Name of Mother, Caroline W. Heeze

6. Mother's Maiden Name, Schmidtmann

7. Mother's Birthplace, Balto.

8. Full Name of Father, Edwd. C. Heeze

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M. D.

Address,

Remarks,

8980002273

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 91567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15 1898
4. Place of Birth, (Street and Number) 1203 Leadenhall st
5. Full Name of Mother, Mrs Dora Tumblinson
6. Mother's Maiden Name, Miss Dora Metz
7. Mother's Birthplace, Germany
8. Full Name of Father, Norman Tumblinson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Münch

Address, 800 Leadenhall Street.

Remarks,

8980002274

Wm. J. C. Dulany Co., City Printers and Stationers.

Said certificate shall be delivered on the day stated in the printed form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 21568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 15th 1898
4. *Place of Birth, (Street and Number)* 17 S. Bary St Balto Md
5. *Full Name of Mother,* Maggie Engle
6. *Mother's Maiden Name,* M. Lytins
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Henry Engle
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Jas Marion Brady

Address, 827 W Lexington St.

Remarks,

8 7 8 0 0 0 2 2 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	apr 15 98
4. *Place of Birth, (Street and Number)*	Md Gen Hosp
5. *Full Name of Mother,*	Maggie Scott.
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Henry Miller
9. *Father's Occupation*	waiter
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	M L Todd
Address,	Md Gen Hosp.
Remarks,	

8980002276

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 21570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 15th, 1898
4. Place of Birth, (Street and Number) 713 Baker St
5. Full Name of Mother, Mrs. Mary R. Howard
6. Mother's Maiden Name, Klunk
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Samuel J. Howard
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Wm E. Miller, M.D.

Address, 2239 Pennsylvania Ave

Remarks,

8 7 8 0 0 0 2 2 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

~~91570~~ 91571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Girl CAROLINE HACKER
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5 98
4. Place of Birth, (Street and Number) 218 N. Wolfe st
5. Full Name of Mother, Katie Hacker
6. Mother's Maiden Name, Katie Knapp
7. Mother's Birthplace, Balto
8. Full Name of Father, August Hacker
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disinhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 0 0 0 2 2 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236.]

RETURN OF A BIRTH B 9157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 5 1898

4. Place of Birth, (Street and Number) 1136 Hunting ave

5. Full Name of Mother, Mary Edrington

6. Mother's Maiden Name, Harden

7. Mother's Birthplace, Howard County

8. Full Name of Father, William Edrington

9. Father's Occupation Labor

10. Father's Birthplace, Fredricksburg Virginia

Name of Medical Attendant, or other person who makes this Return, Martha E. King

Address, 575 Hickory Ave Hampden Balto Md.

Remarks,

8980002279

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately after it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236]

RETURN OF A BIRTH. 9573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8th 89.
4. Place of Birth, (Street and Number) Baltimore Md 1532 W. Pratt St.
5. Full Name of Mother, Jessie Kaufmann.
6. Mother's Maiden Name, " Gaddis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Kaufmann
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Grimes

Address, 44 S Stricker St (Baltimore Md)

Remarks, Mother and Child are living well.

1 8 9 8 0 0 0 2 2 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9-1574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th April 1898
4. Place of Birth, (Street and Number) 709 N. Bath St
5. Full Name of Mother, Marie Catherine Riley
6. Mother's Maiden Name, Marie Catherine Zimmerman
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Samuel C Riley
9. Father's Occupation Sign Painter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. O'Keefe

Address, 524 Hollins St

Remarks,

8 7 8 0 0 0 2 2 8 1

Shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 15 98
4. Place of Birth, (Street and Number) 1208 Central Ave
5. Full Name of Mother, Emma Manner
6. Mother's Maiden Name, " Nicholas
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Robert Manner
9. Father's Occupation Carter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1606 Madison St

Remarks,

8980002282

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91576

CERTIFICATE CORRECTED 9-17-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~William Henry~~ Rixham

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10 98
4. Place of Birth, (Street and Number) 2206 Ingleberry st
5. Full Name of Mother, Annie ~~Rixham~~ Hamna Bachik
6. Mother's Maiden Name, Annie (~~Hamnabachik~~) Ballo Rixham
7. Mother's Birthplace, Ballo
8. Full Name of Father, William ~~Rixham~~
9. Father's Occupation Painter
10. Father's Birthplace, Ballo

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8980002283

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 39577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5/
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 15/98
4. *Place of Birth, (Street and Number)*	515 Back al
5. *Full Name of Mother,*	Emma E. Wigley
6. *Mother's Maiden Name,*	Emma E. Wackesser
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Richard Wigley
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs. Disenhaler.
Address,	2225 Gough St. Baltimore, Md.
Remarks,	Raymond Albert Wigley — MIDWIFE.

1 8 9 8 0 0 0 2 2 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 9578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 15, 1898

4. Place of Birth, (Street and Number) 1106 Druid Pl.

5. Full Name of Mother, Laura Glass

6. Mother's Maiden Name, Laura Hartlove

7. Mother's Birthplace, Balto.

8. Full Name of Father, Thomas Glass

9. Father's Occupation Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jno. L. Swayne

Address, 824 S. Caton Ave

Remarks,

8 9 8 U 0 0 2 2 8 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[12 55.]

RETURN OF A BIRTH. A 91579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15, 1898
4. Place of Birth, (Street and Number) 319 Hudson St
5. Full Name of Mother, Catherine Ann Sheridan
6. Mother's Maiden Name, Catherine Ann Brown
7. Mother's Birthplace, Virginia
8. Full Name of Father, James A. F. Sheridan
9. Father's Occupation Plumber
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J. J. Sauer MD

Address, 3212 O'Donnell St

Remarks,

0 7 8 0 0 0 2 2 8 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-25-50 CERTIFICATE CORRECTED 1-25-50

RETURN OF A BIRTH. A 91580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Charles~~ Raymond Hamilton Fisher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 April 1898
4. Place of Birth, (Street and Number) 1225 N Central Av.
5. Full Name of Mother, ~~Marie~~ Mary Fischer Fisher
6. Mother's Maiden Name, Hamilton
7. Mother's Birthplace, Balt.
8. Full Name of Father, Charles ~~Fischer~~ Fisher
9. Father's Occupation =
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N Cent. Av.

Remarks,

8 9 8 0 0 0 2 8 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 21581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 15th 1898
4. *Place of Birth, (Street and Number)* 203 Cedar Ave
5. *Full Name of Mother,* Anna M. Miller.
6. *Mother's Maiden Name,* Fulford
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Arnold F. Miller.
9. *Father's Occupation* Fireman (R.R.)
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, R. L. Vermont M.D.

Address, 326 Falls Road

Remarks,

B 9 8 U 0 0 2 2 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...by the practitioner in the form of a certificate between the first and ...nce of the Commissioner of Health. In case the birth of any child ...cian or practitioner of midwifery, or should no other person be in ...reafter it shall become the duty of the person or parents of such ...f Health, in the manner and within the period above required, and ...r fail to comply with the provisions of this section shall be sub- ...ence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex (state whether male ~~or female~~),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* April 15th 1898
4. *Place of Birth (Street and Number),* 1731 Guilford Ave
5. *Full Name of Mother,* Isabel Pearl Carrigan
6. *Mother's Maiden Name,* " " Smith
7. *Mother's Birthplace,* Penn
8. *Full Name of Father,* James Carrigan
9. *Father's Occupation,*
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Geo H. Eyler

Address, Linden Ave & Wilson Pl

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

6 7 8 U 0 0 2 2 8 9

RETURN OF A BIRTH. A. 91583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apl. 15th 1898
4. Place of Birth, (Street and Number) 109 E. Pleasant St.
5. Full Name of Mother, Mrs Julia Bryan
6. Mother's Maiden Name, Julia Giles
7. Mother's Birthplace, Wicomico Co, Md
8. Full Name of Father, J. F. Bryan
9. Father's Occupation Shipping clerk
10. Father's Birthplace, Buffalo N. Va.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp

Remarks, Baltimore Md.

8 9 8 U 0 0 2 2 9 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 15. 1898
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Emily Watkins
6. Mother's Maiden Name, —
7. Mother's Birthplace, Virginia
8. Full Name of Father, David Johnson
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M D

Address, The Johns Hopkins Hospital

Remarks,

8 7 8 0 0 0 2 2 9 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. D 91586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 15th 1898
4. *Place of Birth, (Street and Number)*	No 525. S. Charles St
5. *Full Name of Mother,*	Carrie Walker
6. *Mother's Maiden Name,*	Carrie Forsith
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	William Walker
9. *Father's Occupation*	Glass Blower.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks.
Address,	No 1828 Light St
Remarks,	Doing Well

8 7 8 0 0 0 2 2 9 2

Every physician or midwife, or other person who shall hereafter attend upon any birth, shall, within ten days after such birth, report to the Commissioner of Health the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 91586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15 April 98
4. *Place of Birth, (Street and Number)*	839 N. Howard St
5. *Full Name of Mother,*	Ellie Gardner
6. *Mother's Maiden Name,*	Lillie Mudd
7. *Mother's Birthplace,*	~~Md~~ Maryland
8. *Full Name of Father,*	~~Wm~~ X Gardner
9. *Father's Occupation*	Mr Fireman on Car.
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Houghton Bayless M.D.
Address,	305 E. 22nd St
Remarks,	Normal

8 9 8 0 0 0 2 2 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

1230.]

RETURN OF A BIRTH. D 91587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 15th 1898
4. *Place of Birth, (Street and Number)* 206 W. Biddle St
5. *Full Name of Mother,* Mary Wilson
6. *Mother's Maiden Name,* " Pouts
7. *Mother's Birthplace,* Berkley Va.
8. *Full Name of Father,* John Wilson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Berkley. Va.

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave

Remarks,

8980002294

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 15th 1898
4. Place of Birth, (Street and Number) 927 Hillen st.
5. Full Name of Mother, Antonia Seris
6. Mother's Maiden Name,
7. Mother's Birthplace, Italy
8. Full Name of Father, Sam Seris
9. Father's Occupation Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

B 9 8 U 0 0 2 2 9 5

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, April 15th. 1898.
4. Place of Birth, (Street and Number) No. 568 Union St.
5. Full Name of Mother, Laura A. Robison
6. Mother's Maiden Name, Laura A. Barthe
7. Mother's Birthplace, Petersburg Va.
8. Full Name of Father, Rev. Perry E. Robison
9. Father's Occupation, Pastor & Barber.
10. Father's Birthplace, Galena Kent Co. Md

Name of Medical Attendant, or other person who makes this Return, Mrs. F. Myers

Address, No. 722 Bradley St.

Remarks,

8 9 8 0 0 0 2 2 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. No. 91590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d 3d~~ &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 15- 1898
4. *Place of Birth, (Street and Number)* 2659 W. Fayette St.
5. *Full Name of Mother,* Lizzy Rudder
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Rudder
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J. B. Jones M. D.

Address, 525 W. Baltimore St.

Remarks,

8980002297

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person having charge of a new born child, shall, within ten days after the birth, report to the Registrar of Vital Statistics, the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH A 91591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	April 15 1898
4. *Place of Birth, (Street and Number)*	538 Gold St Balto Md
5. *Full Name of Mother,*	Emma Reed.
6. *Mother's Maiden Name,*	Emma Bowser.
7. *Mother's Birthplace,*	Norfolk Va
8. *Full Name of Father,*	James Reed.
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace,*	Baltimore, Md
Name of Medical Attendant, or other person who makes this Return,	A P Herring M.D.
Address,	1039 McCulloh St.
Remarks,	

8 9 8 U 0 0 2 2 9 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 16th 1895
4. Place of Birth, (Street and Number) 317 N. Stricker
5. Full Name of Mother, Ella W. Lehmann
6. Mother's Maiden Name, Ella W. Dreyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Samuel Dreyer
9. Father's Occupation, Merchant
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this return. H. Evans

Address, 2 E. Cor Lanvale & Eutaw

Remarks,

6980002299

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name,	Florence M. Miller
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 2.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	the 16 of April 1898
4. Place of Birth, (Street and Number)	No 1139 Harford Ave
5. Full Name of Mother,	Jennie Miller
6. Mother's Maiden Name,	Jennie Lantz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Harry J. Miller
9. Father's Occupation,	Barber
10. Father's Birthplace,	Waynesboro Pa.
Name of Medical Attendant, or other person who makes this Return,	Chas H. Lauer
Address,	No 1059 Harford Ave
Remarks,	Bal. Md.

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been conferred; its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 915 94

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Apr 16 98
4. *Place of Birth, (Street and Number)* Md Genl Hosp.
5. *Full Name of Mother,* Mary Brack
6. *Mother's Maiden Name,* " Ball
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Jno Brack
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Genl Hosp

Remarks,

8980002301

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 6th 1898
4. Place of Birth, (Street and Number) 1232 N. Gilmor st
5. Full Name of Mother, Josephine [illegible] Dixon
6. Mother's Maiden Name, " Ringgold
7. Mother's Birthplace, Port Deposit Md
8. Full Name of Father, Edward James Gladmon
9. Father's Occupation White Washer
10. Father's Birthplace, Louisiana

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1036 N. Fremont st

Remarks,

8980002302

The Physician or Midwife shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 16, 1898
4. *Place of Birth, (Street and Number)*	1125 Grammont Ave. Baltimore
5. *Full Name of Mother,*	Edith Estell Sitzel
6. *Mother's Maiden Name,*	Edith Estell Allen
7. *Mother's Birthplace,*	Waverly, Baltimore Co.
8. *Full Name of Father,*	Henry Sitzel
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Miembressen bei Cassel Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Martha Griffith
Address,	2425 York Road
Remarks,	

1898 0002303

Wm. J. C. Dulany Co., City Printers and Stationers.

[86.]

RETURN OF A BIRTH. A. 91597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male William Stauffer Sauer
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 16th 1898
4. *Place of Birth, (Street and Number)*	2301 E Fountain Ave
5. *Full Name of Mother,*	Jennie Sauer
6. *Mother's Maiden Name,*	Jennie Stauffer
7. *Mother's Birthplace,*	Harford, Md
8. *Full Name of Father,*	William Sauer
9. *Father's Occupation*	Collector
10. *Father's Birthplace,*	Harford County
Name of Medical Attendant, or other person who makes this Return,	Dr Geo H Ref
Address,	1316 Stricker
Remarks,	Full name of child added from the Baptismal Certificate. Baptismal Certificate gives name of child as William Stauffer Sauer, date of birth as April 16 - 1898 and name of parents as given above. Signed by Rev. Lloyd E Lovelace, Pastor of St. Paul's Reformed Church submitted. J.E.T. Mch 4/28

2 7 6 0 0 0 1 2 3 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 6 98
4. *Place of Birth, (Street and Number)* 2040 Druid Hill Ave.
5. *Full Name of Mother,* Mary Elizabeth Ruth
6. *Mother's Maiden Name,* Ruth
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo Peter Ruth
9. *Father's Occupation,* Barkeeper
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, — G. T. Thrasher M.D.

Address, 181 Madison Ave

Remarks,

8980002305

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 16. — 1898
4. Place of Birth, (Street and Number) 717 W. Barre st.
5. Full Name of Mother, Mary Boemer
6. Mother's Maiden Name, Mary Heineman
7. Mother's Birthplace, Germania
8. Full Name of Father, John Boemer
9. Father's Occupation Merchant
10. Father's Birthplace, Germina

Name of Medical Attendant, or other person who makes this Return, Mrs. Barger

Address, 711 W. Eutaw St

Remarks,

24800002306

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

RETURN OF A BIRTH A 91600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 16th 98
4. *Place of Birth, (Street and Number)*	2904 Hudson st
5. *Full Name of Mother,*	Burtha May Fisher
6. *Mother's Maiden Name,*	Burtha May Benton
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Geo Fisher
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	S. P. Harrington
Address,	924 Binney st
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 16th 1898
4. Place of Birth, (Street and Number) 530 S. Bond St.
5. Full Name of Mother, Rachel Hamburger
6. Mother's Maiden Name, " Sopher
7. Mother's Birthplace, Europe
8. Full Name of Father, Morris Hamburger
9. Father's Occupation Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter St.

Remarks,

1898 00 02308

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Provides as soon, after the birth name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16th April 1895
4. *Place of Birth, (Street and Number)*	Baltimore 921 Ryan st
5. *Full Name of Mother,*	Annie Davies
6. *Mother's Maiden Name,*	Annie Hines
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Davies
9. *Father's Occupation,*	Seaman
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Mrs. A. Hines Nurse
Address,	921 Ryan st. City
Remarks,	

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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GIVEN NAME ADDED. 3-7-55

RETURN OF A BIRTH. 91603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) George Dewey Birx 5. th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 16. th 1898
4. Place of Birth, (Street and Number) No. 11 Mine Bank Land
5. Full Name of Mother, Louise Birx
6. Mother's Maiden Name, " " Gerland
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Birx
9. Father's Occupation, Fireman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 7 Mine Bank Lane

Remarks, mrul

8980002310

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the third day of each and every month to the office of the shall occur without the attendance of a physician or attendance upon the mother, immediately thereafter child to report its birth to the Commissioner of Health, any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 91604

CERTIFICATE CORRECTED 1-23-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Julia Hirshowitz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, april 16, 1898.

4. Place of Birth, (Street and Number) 907 E. Baltimore St.

5. Full Name of Mother, Rebecca (Beckie) (~~Hirshowitz~~) Hirshowitz

6. Mother's Maiden Name, " Caplan

7. Mother's Birthplace, Russia

8. Full Name of Father, Joseph (Joe) (~~Hirshowitz~~) Hirshowitz

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Miss E. Eckerman

Address, 42 A Clements St.

Remarks,

B 9 8 0 0 0 2 3 1 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 16 98
4. *Place of Birth, (Street and Number)*	1809 Summit Pl.
5. *Full Name of Mother,*	Jennie Johnson
6. *Mother's Maiden Name,*	Stynger
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Wm. W. Johnson
9. *Father's Occupation*	Agent
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Wm B. Rider
Address,	864 Harlem Ave.
Remarks,	

8980002312

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH A 91606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16 April 1898
4. *Place of Birth, (Street and Number)*	204 Rose str
5. *Full Name of Mother,*	Tini Broz
6. *Mother's Maiden Name,*	Tini Adamec
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Jos. Broz
9. *Father's Occupation*	Thailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	Luise Svatora
Address,	1010 Durham str
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91607

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - William George

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 17 April 1898
4. Place of Birth, (Street and Number) 1506 Spring Al
5. Full Name of Mother, Barbara Ewall
6. Mother's Maiden Name, = Knauf
7. Mother's Birthplace, Germ.
8. Full Name of Father, Charles Ewall
9. Father's Occupation carpenter
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Sabina Walker

Address, 928 N Eut. St.

Remarks,

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said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 17 April 1898
4. Place of Birth, (Street and Number) 1832 Bethel st
5. Full Name of Mother, Thom Rosa Thowvard
6. Mother's Maiden Name, = Dolan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Thowvard
9. Father's Occupation =
10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N Conk. Av.

Remarks,

8788000 2315

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 April 1898
4. *Place of Birth, (Street and Number)* 1021 Sterling st
5. *Full Name of Mother,* Marie Wess
6. *Mother's Maiden Name,* Burns
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Charles Wess
9. *Father's Occupation* policeman
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. East Av.

Remarks,

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Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. B. 71610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Apr 14th 1898
4. Place of Birth, (Street and Number) 514 Merrymans Lane
5. Full Name of Mother, Ida May Danner
6. Mother's Maiden Name, Ida May Frederick
7. Mother's Birthplace, York Co Pa.
8. Full Name of Father, George Elmer Danner
9. Father's Occupation Plasterer
10. Father's Birthplace, Carroll Co Md.

Name of Medical Attendant, or other person who makes this Return, Geo H. Shower, M.D.

Address, 421 Roland Ave

Remarks,

8980002317

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 91611

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept. 17. 98

4. Place of Birth (Street and Number), 1611 S. Hanover St

5. Full Name of Mother, Mary Stein

6. Mother's Maiden Name, Mary Cohen

7. Mother's Birthplace, Russia

8. Full Name of Father, Michael Stein

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. William A. Garner

Address, 1613 McCulloh St.

Remarks,

Penalty.—Any person who shall neglect or refuse to register the birth of any child, as required by this section, or who shall neglect or refuse to give the full name and occupation of its parents, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 91612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th of April 98
4. Place of Birth, (Street and Number) 1304 Lemmon St
5. Full Name of Mother, Lethe Kammer
6. Mother's Maiden Name, Lethe Karl
7. Mother's Birthplace, Balto
8. Full Name of Father, William Kammer
9. Father's Occupation Tanner
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 216 N. Patt St.

Remarks,

8980002319

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 9613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17th 1898
4. Place of Birth, (Street and Number) 1134 Huntingdon ave
5. Full Name of Mother, Mrs Ella Sibley Smith
6. Mother's Maiden Name, Ella Sibley
7. Mother's Birthplace, Woodberry
8. Full Name of Father, Alfred S Smith
9. Father's Occupation, Railroader
10. Father's Birthplace, Woodberry

Name of Medical Attendant, or other person who makes this Return, D.B. Marden M.D

Address, 2910 Huntingdon ave

Remarks, Normal R.O.A. position Both doing well

3480002320

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred) its sex, color the date and place of birth; and the full name and occupation of its parents. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars to be recovered as other fines and forfeitures are recoverable for each offence, to be re-

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RETURN OF A BIRTH, 91614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 17th April 1898
4. Place of Birth, (Street and Number) 602 E Clement St
5. Full Name of Mother, Elizabeth Tyler
6. Mother's Maiden Name, Hill
7. Mother's Birthplace, Balti
8. Full Name of Father, Solomon Tyler
9. Father's Occupation Junk Dealer
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yerwell

Address, 605 E Fort Ave

Remarks,

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A. 91615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* Aug 11/98

4. *Place of Birth, (Street and Number)* 258 Cedar Ave

5. *Full Name of Mother,* Rachael L Pace

6. *Mother's Maiden Name,* " Tucker

7. *Mother's Birthplace,* Carroll Co. Md.

8. *Full Name of Father,* J. F. Pace

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Howard Co. Md

Name of Medical Attendant, or other person who makes this Return, Wm H Fedeman M.D.

Address, #102 Chestnut Ave

Remarks,

8 9 8 0 0 0 2 3 2 2

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the full name of each child, it may shall have been conferred its sex, color, the full name and occupation of the said schedule shall be delivered duly signed by the practitioner third day of each and every month to the office of the Commissioner shall occur without the attendance of a physician or practicioner attendance upon the mother, immediately the Board of Health, in the manner and within the time child to report its birth to the Commissioner or fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 17th 1894

4. Place of Birth, (Street and Number) 214 N Castle Street

5. Full Name of Mother, Theresa Schneider

6. Mother's Maiden Name, Theresa Helgard

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph G Schneider

9. Father's Occupation Cigarmaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs H Kern Midwife

Address, 1922 E Fayette Street

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH A 91617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 April 1898
4. *Place of Birth, (Street and Number)* 1424 E Lexington St
5. *Full Name of Mother,* Lena Wilkinson
6. *Mother's Maiden Name,* " Heller
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Orlando Wilkinson
9. *Father's Occupation* Waterman
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs R Uffig

Address, 1302 E Lexington St

Remarks,

8980002324

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 91618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 17th 1898

4. Place of Birth, (Street and Number) 203 N. Amity St. Balti. Md.

5. Full Name of Mother, Laura Arnold

6. Mother's Maiden Name, " " Tracey

7. Mother's Birthplace, Westminster Md.

8. Full Name of Father, Richard Arnold

9. Father's Occupation Driver of Wagon

10. Father's Birthplace, Westminster Md

Name of Medical Attendant, or other person who makes this Return, Mrs Graf

Address, 827 N. Lexington St.

Remarks,

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SAFETY FILM
KODAK

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RETURN OF A BIRTH.

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A 91619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Edward J. Hurley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II (2nd)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apl 17-98

4. Place of Birth, (Street and Number) 713 N. Payson St.

5. Full Name of Mother, Lillie A. H. Hurley
Haney

6. Mother's Maiden Name, Balto. Md.

7. Mother's Birthplace, Chas. E. Hurley

8. Full Name of Father, Policeman

9. Father's Occupation Va

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wm. Dennis M.D.

Address,

Remarks,

84800023 26

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the third day of each and every month to the office of shall occur without the attendance of a physician attendance upon the mother, immediately thereafter child to report its birth to the Commissioner of Health, any such person or persons who shall hereafter fail to jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 91620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, April 17th 1898
4. Place of Birth, (Street and Number) 1113 E. Sheldon st
5. Full Name of Mother, Annie E. Giles
6. Mother's Maiden Name, Annie E. Andrews
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. R. Giles
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Mary

Address, 1504 Lemmon st

Remarks,

8980002327

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 17th 98
4. *Place of Birth, (Street and Number)*	1129 E Eager St
5. *Full Name of Mother,*	Nellie Faulk
6. *Mother's Maiden Name,*	Nellie Kemp
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Frank Sylvester Faulk
9. *Father's Occupation,*	Shoe Cutter
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Chas. Bittinger M.D.
Address,	830 E Monument St
Remarks,	8980002328

Health. This schedule shall be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall become and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in said schedule shall be delivered

RETURN OF A BIRTH. 91622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 17 98

4. Place of Birth, (Street and Number) 2163 N. Charles

5. Full Name of Mother, Sarah P. Clark

6. Mother's Maiden Name, " " Brown

7. Mother's Birthplace, B. C.

8. Full Name of Father, John E. Clark

9. Father's Occupation Engineer

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, G. L. Wilkins

Address,

Remarks,

18980002329

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Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17/98
4. Place of Birth, (Street and Number) 413 S. Register Ste.
5. Full Name of Mother, Lilly Schulz
6. Mother's Maiden Name, " Yerscheid
7. Mother's Birthplace, Balto.
8. Full Name of Father, Christopher Schulz
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

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been committed) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. No. 91624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th April 1898.
4. *Place of Birth, (Street and Number)*	Baltimore 105 McHenry St
5. *Full Name of Mother,*	Katharine Reinhardt
6. *Mother's Maiden Name,*	Katharine Murphy.
7. *Mother's Birthplace,*	Washington
8. *Full Name of Father,*	Joseph Peter Reinhardt
9. *Father's Occupation*	Sugar Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Miss Annie Haynes
Address,	Nurse 921 Rhyne St.
Remarks,	

Said scheduie shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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(OVER)

RETURN OF A BIRTH. 91625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female — Margaret Harker
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 17 — 1898
4. *Place of Birth, (Street and Number)* 2825 Elliot St.
5. *Full Name of Mother,* Josephine Keiner
6. *Mother's Maiden Name,* Hofmeister
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George H. Keiner
9. *Father's Occupation* Processor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E. Oath St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

GIVEN NAME ADDED 8-2-63

12.91626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Barbara Sponheimer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 18/98.
4. *Place of Birth, (Street and Number)* 1608 W. Pratt St
5. *Full Name of Mother,* Sophia C. Sponheimer
6. *Mother's Maiden Name,* Sophia C. Korber
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* George Sponheimer
9. *Father's Occupation* Cigar mf'gr.
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, H. H. Arthur M.D.

Address, 1516 W. Lexington St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. No. 91627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15 98
4. Place of Birth, (Street and Number) 119 Dorsey St
5. Full Name of Mother, Eva Lonavicha
6. Mother's Maiden Name, Eva Koylanetzoz
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Lonavichs
9. Father's Occupation, Shing Cleaner
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, a a Longstreth M.D
Wm J Morgaitis

Address,

Remarks,

8 9 8 0 0 0 2 3 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91628

GIVEN NAME ADDED, 8/15/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Walter James Thomas Pike 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 18 1898
4. Place of Birth, (Street and Number) 1881 E Fayette St
5. Full Name of Mother, Sarah R Pike
6. Mother's Maiden Name, A German
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James T Pike
9. Father's Occupation Stevedore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M A Davenport

Address, 1637 E. North Ave

Remarks, Dying Fairly.

1

1898 00 2335

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18 1898
4. Place of Birth, (Street and Number) No 2325 Eastern ave
5. Full Name of Mother, Katie Wienrich
6. Mother's Maiden Name, Meyers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Wienrich
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss L. Gray

Address, 1907 E Monument St

Remarks,

8 9 8 0 0 0 2 3 3 6

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH A. 91630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, 12 of Aprile 1898
4. Place of Birth, (Street and Number) 1639 E Madison St
5. Full Name of Mother, Laura Hannely
6. Mother's Maiden Name, Laura Hall
7. Mother's Birthplace, Washington
8. Full Name of Father, ~~Laura~~ Lewis Hannely
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Karline Patterson

Address, 845 N Dallas St

Remarks, Doing as can be expected

8 9 8 0 0 0 2 3 3 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 41631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 April 1898
4. *Place of Birth, (Street and Number)* 1715 Aliceanna St
5. *Full Name of Mother,* Mary Kotaska
6. *Mother's Maiden Name,* M. Mudeska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andy Kotaska
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 S. Ann St

Remarks, Baltimore

B 4 8 U 0 0 2 3 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apl. 18th, 1898

4. Place of Birth, (Street and Number) 1733 N. Bond St.

5. Full Name of Mother, Mary House

6. Mother's Maiden Name, Mary Robinson

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Wm A. House

9. Father's Occupation Carpenter

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md

8 9 8 U 0 0 0 2 3 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Collector, his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. Cert. 91633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Milton William Dennis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* April 15th 1898
4. *Place of Birth, (Street and Number)* #57 Brooke Ave.
5. *Full Name of Mother,* Lola Dennis
6. *Mother's Maiden Name,* Emlow
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Augustus H Dennis
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return Dr. O'Donnell Med.

Address, 321 Fall's Road

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 91634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18th April - 1898
4. Place of Birth, (Street and Number) West German St. 642
5. Full Name of Mother, Mathilde ~~Büch~~ Leits
6. Mother's Maiden Name, " Büch
7. Mother's Birthplace, Kroontschkowo Germany
8. Full Name of Father, Wilhelm Lito
9. Father's Occupation Baker
10. Father's Birthplace, Strassburg Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Barge

Address, 711 N. Gross St.

Remarks,

8480002341

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* [illegible]

3. *Date of Birth,* April 11 5

4. *Place of Birth, (Street and Number)* 15 [illegible]

5. *Full Name of Mother,* Edna [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* Md

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, [illegible] Jones

Address, [illegible]

Remarks,

8 Y 8 U 0 0 2 3 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Each omission of its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A-91636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 /
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 18/98
4. *Place of Birth, (Street and Number)*	2200 Orleans st
5. *Full Name of Mother,*	Mary Owens
6. *Mother's Maiden Name,*	Mary Williams
7. *Mother's Birthplace,*	Cincinnatti
8. *Full Name of Father,*	John Owens
9. *Father's Occupation*	Cook
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs. Dirnhofer.
Address,	MIDWIFE, 2225 Gough St. Baltimore, Md.
Remarks,	

8 9 8 0 0 0 2 3 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-91637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 18, 1898.
4. *Place of Birth, (Street and Number)*	15 Bartlett av.
5. *Full Name of Mother,*	Ella Green.
6. *Mother's Maiden Name,*	Ella Abbott.
7. *Mother's Birthplace,*	Virginia.
8. *Full Name of Father,*	Wilbur H. Green.
9. *Father's Occupation,*	Maryland Metal Mfg Co.
10. *Father's Birthplace,*	Maryland.
Name of Medical Attendant, or other person who makes this Return.	Hugh Forsythe, M.D.
Address,	2031 Barclay St.
Remarks,	Very small & Extremely frail Child.

8 9 8 U 0 0 2 3 4 4

been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91638

GIVEN NAME ADDED. 9/26/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Catherine Baker the Fourth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1898
4. Place of Birth, (Street and Number) 1037 Jay st.
5. Full Name of Mother, Sella Baker
6. Mother's Maiden Name, Sella Fink
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert Baker
9. Father's Occupation Merchant Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Ida Brown

Address, 1037 Jay st

Remarks,

8480002345

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, B-91639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18th 1878
4. Place of Birth, (Street and Number) No 1428 Lexington St.
5. Full Name of Mother, Bertha House.
6. Mother's Maiden Name, Bertha Tall
7. Mother's Birthplace, Dorchester Co
8. Full Name of Father, William House
9. Father's Occupation Carpenter
10. Father's Birthplace, New Jersey.

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Brooks.

Address, No 1828 Light St

Remarks, Doing Well

8 9 8 0 0 0 2 3 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. B 916140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~male~~ 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 19 98
4. *Place of Birth, (Street and Number)* 2936 Cedar Ave
5. *Full Name of Mother,* Mary E Bodwick
6. *Mother's Maiden Name,* " Kibler
7. *Mother's Birthplace,* Howard Co. Md.
8. *Full Name of Father,* Frank G Bodwick
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. H. F. Duncan

Address, 1142 Chestnut Ave

Remarks,

8 7 8 U 0 0 2 3 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) W girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 19 April 1898
4. Place of Birth, (Street and Number) 1025 Somerset st
5. Full Name of Mother, Catherine Gruber
6. Mother's Maiden Name, = Hadler
7. Mother's Birthplace, Germ.
8. Full Name of Father, Louis Gruber
9. Father's Occupation, Taylor
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return,

Address, Anna Walker 98 28 V Eutaw st.

Remarks,

8 9 8 0 0 0 2 3 4 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

Each Certificate of its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence. to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 19th 1898
4. *Place of Birth, (Street and Number)* # 5 Maple Ave
5. *Full Name of Mother,* Maggie Wagner.
6. *Mother's Maiden Name,* Semple
7. *Mother's Birthplace,* Scotland
8. *Full Name of Father,* Wm. H. Wagner.
9. *Father's Occupation* Gardener
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return Rh B. Armentrout.

Address, 320 Falls Road

Remarks,

8 7 8 0 0 0 2 3 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 91643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9 April 1894
4. *Place of Birth, (Street and Number)* 1 Ramsay St
5. *Full Name of Mother,* Mary Reis
6. *Mother's Maiden Name,* Kelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo Reis
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Hanchett

Address, 1918 W Fayette St

Remarks,

8 9 8 0 0 0 2 3 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 916144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	April 19-98
4. *Place of Birth, (Street and Number)*	The Johns Hopkins Hospital
5. *Full Name of Mother,*	Georgianna Evans
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	William Fleming
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Geo W Dobbin M D
Address,	The Johns Hopkins Hospital,
Remarks,	

8980002351

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Apl 19th 1898.
4. Place of Birth, (Street and Number) 13 N. Castle St.
5. Full Name of Mother, Marion Ennis
6. Mother's Maiden Name, Marion Johnson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Samil Ennis
9. Father's Occupation Sailor
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp

Remarks, Baltimore Md

1898 00 02352

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to couply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	April 19-98
4. *Place of Birth, (Street and Number)*	The Johns Hopkins Hospital
5. *Full Name of Mother,*	Martha Apia
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	William Hughes
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Geo. W. Dobbin M.D.
Address,	The Johns Hopkins Hospital
Remarks,	

8 9 8 U 0 0 2 3 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 1-28-60

RETURN OF A BIRTH. D. 91647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minna Louise

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Berkley

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15th 1898
4. Place of Birth, (Street and Number) 517 S Wrightford Ave
5. Full Name of Mother, Bertha M Berkley
6. Mother's Maiden Name, " " Knotts
7. Mother's Birthplace, Balto City
8. Full Name of Father, George J. Berkley
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, H. H. Schwatka MD

Address, 2425 Fait Ave

Remarks,

8980002354

Wm. J. C. Dulany Co., City Printers and Stationers

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

38.]

RETURN OF A BIRTH. B 91648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three children

1. *Sex, (state whether male or female)* The baby is a male

2. *Race or Color, (if not of the white race)* Colored race

3. *Date of Birth,* April 9 1898

4. *Place of Birth, (Street and Number)* Born in 631 Vincent alley

5. *Full Name of Mother,* Mrs Ella Woods

6. *Mother's Maiden Name,* Miss Ella Slater

7. *Mother's Birthplace,* Born in Baltimore

8. *Full Name of Father,* Mr Thomas L Woods

9. *Father's Occupation* Laboring man

10. *Father's Birthplace,* Born in Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Maria Jones

Address, 1337 Whatcoat street

Remarks,

8 9 8 0 0 0 2 3 5 5

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 6/27/74

RETURN OF A BIRTH A 91649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Ruth Easter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight 8

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19th 1898
4. Place of Birth, (Street and Number) Baltimore Md. 407 Lexington St
5. Full Name of Mother, Caroline Easter
6. Mother's Maiden Name, Caroline Stackley
7. Mother's Birthplace, Germany
8. Full Name of Father, George W. Easter
9. Father's Occupation Restaurant Business
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bang

Address, 711 S. Gross St.

Remarks, Dept of Health.

Filed 1898

8988U002356

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 91650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19/98
4. Place of Birth, (Street and Number) 1530 Lancaster St
5. Full Name of Mother, Mary Stonicezek.
6. Mother's Maiden Name, Mary Stasewska
7. Mother's Birthplace, Germany
8. Full Name of Father, Ben Stonicezek.
9. Father's Occupation Shoe Maker.
10. Father's Birthplace, Ostria

Name of Medical Attendant or other person who makes this Return, Annie Grochmal.

Address, 1710 Alice Anna St

Remarks, Done

18980002357

register of such [illegible], and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-91651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17 1898.
4. Place of Birth, (Street and Number) 1711 Lancaster St.
5. Full Name of Mother, Katie Kahlert
6. Mother's Maiden Name, Rice
7. Mother's Birthplace, Pa.
8. Full Name of Father, Julius Kahlert
9. Father's Occupation Salesman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Cath.

Address, 815 S Broad St

Remarks,

8980002358

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

B. 91652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 19 1898
4. Place of Birth, (Street and Number) 677 Pierce
5. Full Name of Mother, Cora Butler
6. Mother's Maiden Name, " Plummer
7. Mother's Birthplace, Va
8. Full Name of Father, Wm L Butler
9. Father's Occupation Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, D J Long

Address, 115 W Lombard

Remarks,

8 9 8 U 0 0 2 3 5 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH D-91653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2/

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19/98
4. Place of Birth, (Street and Number) 220 S Bond st
5. Full Name of Mother, Mary A Royeroft
6. Mother's Maiden Name, Mary A Butler
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Royeroft
9. Father's Occupation Presser
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8980002360

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. D-91654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 19/98
4. *Place of Birth, (Street and Number)* 327 S. Castle Sts.
5. *Full Name of Mother,* Maggie Kuczinski
6. *Mother's Maiden Name,* " Stromer
7. *Mother's Birthplace,*
8. *Full Name of Father,* Louis Kuczinski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs. Dieshofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 0 0 0 2 3 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Physician, midwife or other person in attendance at birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

No. 91655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 19-01

4. Place of Birth, (Street and Number) 113 E. Monument

5. Full Name of Mother, Mary Dunn

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Maryland

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, E. L. Long

Address, 113 E. Monument

Remarks, —

8 9 8 0 0 0 2 3 6 2

been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19-98
4. Place of Birth, (Street and Number) 115 W Lombard
5. Full Name of Mother, Freda Wolf
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Dr J Long

Address, 115 W Lombard

Remarks,

8 9 8 0 0 0 2 3 6 3

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 91657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 19th 1898.
4. *Place of Birth, (Street and Number)*	# 1201 Hanover St.
5. *Full Name of Mother,*	Laura V. Leibold.
6. *Mother's Maiden Name,*	Laura V. Mason.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	George H. Leibold.
9. *Father's Occupation*	Sawyer.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Maggie A. Wilkinson
Address,	# 14 W. Cross St.
Remarks,	

8780002364

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 91658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Carrie Ray Children's

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 19, 1898.
4. *Place of Birth, (Street and Number)* 204 N Pulton Street
5. *Full Name of Mother,* Carrie Ray
6. *Mother's Maiden Name,* Carrie Johnson
7. *Mother's Birthplace,* Calvert County Maryland
8. *Full Name of Father,* James Johnson
9. *Father's Occupation* Potter in a Store
10. *Father's Birthplace,* Easton Shore Maryland

Name of Medical Attendant, or other person who makes this Return, Louisa Lane

Address, 622 South Bank and n Street

Remarks,

8 9 8 0 0 0 2 3 6 5

Wm. J. C. Dulany Co., City Printers and Stationers

...shall be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1246.]

RETURN OF A BIRTH. A 91659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 19. April. 1898.
4. *Place of Birth, (Street and Number)* 111. S. Wolfe Street.
5. *Full Name of Mother,* Mary Prasser.
6. *Mother's Maiden Name,* Mary Stegman.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Paul Prasser.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Klass.

Address, N. E. N. Wolfe. Street.

Remarks,

8 7 8 0 0 0 2 3 6 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1286.]

RETURN OF A BIRTH A 91660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 19th 1898
4. Place of Birth, (Street and Number) No 2 Hope Ave
5. Full Name of Mother, Lizzie Atkinson
6. Mother's Maiden Name, Lizzie Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Atkinson
9. Father's Occupation Brush-worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm H Thomas

Address, No 512 Frederick Ave

Remarks,

8980002367

Wm. J. C. Dulany Co., City Printers and Stationers.

Midwives, under penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, shall not supply medicine or supervise attendence at birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

RETURN OF A BIRTH. 91661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19 of April 1898
4. *Place of Birth, (Street and Number)*	109 Fort str
5. *Full Name of Mother,*	Annie Smrha
6. *Mother's Maiden Name,*	Annie Vopalecky
7. *Mother's Birthplace,*	Bohemie
8. *Full Name of Father,*	Frank Smrha
9. *Father's Occupation*	Thailar
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	Dr Luise Svatora
Address,	1010 Durham str
Remarks,	

5 7 8 0 0 0 2 3 6 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th April - 1898
4. Place of Birth, (Street and Number) 820 S. Paca
5. Full Name of Mother, May Francis Weisgerber
6. Mother's Maiden Name, " " Biddison
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Weisgerber
9. Father's Occupation Paper Hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 St. Cross St.

Remarks,

8 7 8 0 0 0 2 3 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. A 91663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20 - 98
4. Place of Birth, (Street and Number) 1929 Christian str
5. Full Name of Mother, Francis Penske
6. Mother's Maiden Name, T. Phillip
7. Mother's Birthplace, Germany
8. Full Name of Father, Stephan Penske
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas. H. U. Heyer M. D.

Address, 1933 N. Caroline str.

Remarks,

8980002370

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH B-91664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 20, 1898

4. Place of Birth, (Street and Number) 2432 Gaul Ave.

5. Full Name of Mother, Delia Stein

6. Mother's Maiden Name, Delia Garland

7. Mother's Birthplace, Balto.

8. Full Name of Father, Frederick Stein

9. Father's Occupation Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Jno. L. Seamon

Address, 827 S. Caroline St.

Remarks,

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 20 1898
4. *Place of Birth, (Street and Number)* 601 Cameron St.
5. *Full Name of Mother,* Edith Inc. Cord
6. *Mother's Maiden Name,* Edith Frost
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Inc. Cord
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Joseph L. Sorsine

Address, 824 E. Eastern Ave.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 91666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20 1898.
4. Place of Birth, (Street and Number) No 1324 Lamont ave
5. Full Name of Mother, Elizabeth Cunningham
6. Mother's Maiden Name, Elizabeth Ruggles
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew J. Cunningham
9. Father's Occupation Hackman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Aug. R. Elwell M.D.

Address, 1741 Harford ave

Remarks,

8 9 8 0 0 0 2 3 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

RETURN OF A BIRTH A. 91667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 20 of April. 1898.
4. Place of Birth, (Street and Number) 26 N. Rose Street.
5. Full Name of Mother, Pauline Seitz.
6. Mother's Maiden Name, = Barthe
7. Mother's Birthplace, W. Perussien (Germ.)
8. Full Name of Father, Henry Seitz.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss. Behnken.

Address, 2403 Forster Ave.

Remarks,

8 9 8 0 0 0 2 3 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 4. And be it further enacted, That the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 91668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 20th 1918

4. *Place of Birth, (Street and Number)* No 1023 Eastern Ave

5. *Full Name of Mother,* Mrs Lizzie McLary

6. *Mother's Maiden Name,* Miss Lizzie Rapp

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Mr Peter McLary

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Anna Lang - Midwife

Address, 1539 Aliceanna St

Remarks,

8980002375

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A-91669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* April 20th 1898
4. *Place of Birth, (Street and Number)* 228 Hickory Ave
5. *Full Name of Mother,* Kate S. Child
6. *Mother's Maiden Name,* Treuey
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Willard F. Child
9. *Father's Occupation* Mill Operative
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return R. B. Norwood M.D.

Address, 320 Fells Point

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

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KODAK

RETURN OF A BIRTH. A-91670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ~~Co~~ White
3. Date of Birth, April 20-98
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Sarah Vinkin
6. Mother's Maiden Name, Sarah Lipman
7. Mother's Birthplace, France
8. Full Name of Father, George Vinkin
9. Father's Occupation Tayler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M D

Address, The Johns Hopkins Hospital.

Remarks,

8 9 8 0 0 0 2 3 7 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH.

D. 91671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21st 1894
4. *Place of Birth, (Street and Number)* # 228 Hickory Ave
5. *Full Name of Mother,* Kate S. Cuba
6. *Mother's Maiden Name,* Treby
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Millard F. Cuba
9. *Father's Occupation* Mill Operator
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, R. V. Somerville M.D.

Address, 320 Fells Road

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance without the attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. - 91672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 April - 1898
4. *Place of Birth, (Street and Number)* 653 Lemmon St
5. *Full Name of Mother,* Louisa Hard
6. *Mother's Maiden Name,* Bibb
7. *Mother's Birthplace,* Howard County Md
8. *Full Name of Father,* Fredrick Hard
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Barge

Address, 711 W. Broad St

Remarks,

8 9 8 U 0 0 2 3 7 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 4-24-36

RETURN OF A BIRTH 91673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Henry Wagner 4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20. 1898
4. Place of Birth, (Street and Number) 1517. Race. St
5. Full Name of Mother, Euphemia. Wagner
6. Mother's Maiden Name, E. Taylor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George. Lewis. Wagner md
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Ellamora. A. Anderson

Address, 1434. Patapsco. St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

8980002380

mother, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. D 91674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 20th 1898
4. *Place of Birth, (Street and Number)* 1525 E. Lombard st
5. *Full Name of Mother* Ernestine Kutzmiller
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Charles Kutzmiller
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Bernstein

Address, 1228 Exeter st

Remarks,

8980002381

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. A 91675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex,* (state whether male or female) Girl
2. *Race or Color,* (if not of the white race) Colored
3. *Date of Birth,* Dec 20th 1898
4. *Place of Birth,* (Street and Number) 1706 Donnelly Court
5. *Full Name of Mother,* Clara Goodson
6. *Mother's Maiden Name,* Clara Jacobs
7. *Mother's Birthplace,* Steubenville Ohio
8. *Full Name of Father,* Charlie Goodson
9. *Father's Occupation* Miner
10. *Father's Birthplace* Steubenville Ohio

Name of Medical Attendant, or other person who makes this Return, Thos Harvey

Address, 1807 Lan[illegible] St

Remarks,

8980002382

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH. No. 91676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 20th 1898
4. *Place of Birth, (Street and Number)* 1313 E. Lombard st
5. *Full Name of Mother,* Catherine Kolb
6. *Mother's Maiden Name,* Catherine Rogel
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Frederick Kolb
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Lowry

Address, 130 S. Dammont

Remarks,

8 9 8 0 0 0 2 3 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Notice. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. A 9177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 20th 1895
4. *Place of Birth, (Street and Number)*	Baltimore City #113 W. 24th St.
5. *Full Name of Mother,*	Barbara Leonard
6. *Mother's Maiden Name,*	Brauchandt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Leonard
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary Anne Krauss
Address,	#414 Tucker St. Baltimore
Remarks,	Mother and Child are doing well.

8980002384

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 91678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Laura F. Johnson

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 20th 1875
4. Place of Birth, (Street and Number)	626 E. Hermont
5. Full Name of Mother,	Mary E. Johnson
6. Mother's Maiden Name,	Mary E. Brown
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Geo W. Johnson
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Flanagan M.D.
Address,	830 E Biddle
Remarks,	

8980002385

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. B-91679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21 98
4. Place of Birth, (Street and Number) No. 1618 Bramley Ave.
5. Full Name of Mother, Anna Schau
6. Mother's Maiden Name, Reisner
7. Mother's Birthplace, Germany
8. Full Name of Father, John Schau
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas L. Gross.

Address, 1907 E Monument Ave

Remarks,

8980002386

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

RETURN OF A BIRTH. D. 91680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 2 [illegible] 1 [illegible]
5. *Place of Birth, (Street and Number)* [illegible]
6. *Full Name of Mother,* [illegible] (Heinemann) Siemann
7. *Mother's Maiden Name,* [illegible]
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* August (Heinrich) Siemann
10. *Father's Occupation* Dyer
    Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, Mother and Child are doing well.

Full name of child Wilhelm Heinrich Christian Siemann

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, Aug 21 94

4. Place of Birth, (Street and Number) Md. Gen'l Hosp

5. Full Name of Mother, Carrie Lee

6. Mother's Maiden Name, "

7. Mother's Birthplace, Pa.

8. Full Name of Father, [illegible] Child

9. Father's Occupation Lab

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, M L Todd

Address, Md Gen'l Hosp

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

RETURN OF A BIRTH. No. 91682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2"
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 21-98
4. *Place of Birth, (Street and Number)*	115 Fontaine
5. *Full Name of Mother,*	Henrietta Shaw
6. *Mother's Maiden Name,*	Single
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	D Toma
Address,	115 Fontaine
Remarks,	

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Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH, 91683

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Out of wedlock

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 21st 1898
4. *Place of Birth, (Street and Number)* 837 S Montford ave
5. *Full Name of Mother* Lizzie Freeman not married
6. *Mother's Maiden Name* Lizzie Freeman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* W. P. Slawatka
9. *Father's Occupation* Physician
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. C. E. Richard M.D.

Address 1210 Chamberlain

Remarks 7 month gestation the child will die

8980002390

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 91684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21st, 1898
4. Place of Birth, (Street and Number) No 3 Mine Bank Lane
5. Full Name of Mother, Annie Darny
6. Mother's Maiden Name, " " Pitri
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. H. Darny
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 7 Mine Bank Lane

Remarks, none

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Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 91685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 21 of april 1898
4. Place of Birth, (Street and Number) Balto No 619 N Spring st
5. Full Name of Mother, Emma Francis Johnson
6. Mother's Maiden Name, Emma Francis Pierce
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, Charles Jarrett Johnson
9. Father's Occupation Driver
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Eveline Patterson

Address, 815 Valley St

Remarks, Living well

8 9 8 0 0 0 2 3 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. A 91686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Mary Ann Louisa ~~Wactner~~ Wuestner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & c

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21 1878
4. Place of Birth, (Street and Number) 1924 Ester Av
5. Full Name of Mother, Mary Wiesner Mary Wuestner
6. Mother's Maiden Name, Mary Stopner Mary Stumpner
7. Mother's Birthplace, Baltimor Md. D
8. Full Name of Father, Henri Wiesner Henry Wuestner
9. Father's Occupation Lauber
10. Father's Birthplace, Baltimor Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8980002393

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 9/687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 1st April - 1898
4. *Place of Birth, (Street and Number)* Balto, city, Clyella st 615
5. *Full Name of Mother,* Rickie Hellmann
6. *Mother's Maiden Name,* Rickie Hornung
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick William Hellmann
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Barge

Address, 711 W. Broad St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 April 1895
4. *Place of Birth, (Street and Number)* 623 Inn St
5. *Full Name of Mother,* Alice Jansen
6. *Mother's Maiden Name,* A Winkelmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Jansen
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Bryan

Address, 721 S. Inn St

Remarks, Baltimore

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month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	April 21-98
4. *Place of Birth, (Street and Number)*	The Johns Hopkins Hospital
5. *Full Name of Mother,*	Mary Hart
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Isaac Hillen
9. *Father's Occupation*	farmer
10. *Father's Birthplace,*	Jamaica
Name of Medical Attendant, or other person who makes this Return,	Geo W Doblin M D
Address,	The Johns Hopkins Hospital
Remarks,	

8980002396

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, April 21st, 1898
4. Place of Birth, (Street and Number) 700 Harford Ave.
5. Full Name of Mother, Ida Ellis
6. Mother's Maiden Name, Ida Freeman
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thos Ellis
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1286.]

RETURN OF A BIRTH. 91691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 21 1898
4. Place of Birth, (Street and Number) 527 N. Caroline St.
5. Full Name of Mother, Bertha E. Kriesner
6. Mother's Maiden Name, Gruenwald
7. Mother's Birthplace, Germany
8. Full Name of Father, August Kriesner
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo. Stein

Address, 1427 E. Fratt St.

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 21st 1898
4. *Place of Birth, (Street and Number)*	No 120 E. Randall.
5. *Full Name of Mother,*	Emma Lauchs
6. *Mother's Maiden Name,*	Emma Lindenberg
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	George H. Lauchs
9. *Father's Occupation*	Grocer.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooks.
Address,	No 1828 Light St
Remarks,	Doing Well.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH A 91693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Frank Kus

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21 of April 1898
4. *Place of Birth, (Street and Number)*	815 Chapel str
5. *Full Name of Mother,*	Annie Kus
6. *Mother's Maiden Name,*	Annie Vancura
7. *Mother's Birthplace,*	Bohemie
8. *Full Name of Father,*	Frank Kus
9. *Father's Occupation*	Thailar
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	Luise Svatora
Address,	1010 Durham str
Remarks,	GIVEN NAME ADDED 2-14-54

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Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 21st 1898.
4. *Place of Birth, (Street and Number)*	No 2017. Hanover St
5. *Full Name of Mother,*	Johana C. Tyler.
6. *Mother's Maiden Name,*	Johana C. Seahy.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Daniel M. Tyler.
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Baltimae Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	No 1828 Light St
Remarks,	Doing Well

8980002401

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. This Certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22 1898.
4. Place of Birth, (Street and Number) No. 1732 N. Dallas Street
5. Full Name of Mother, Annie Frisby
6. Mother's Maiden Name, Annie Baughen.
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Robt S Frisby
9. Father's Occupation Laborer.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell M.D.

Address, 1741 Hanford ave.

Remarks,

8 9 8 U 0 0 2 4 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 22nd 1896
4. *Place of Birth, (Street and Number)* 1389 W. Fayette St
5. *Full Name of Mother,* Mary Bitti
6. *Mother's Maiden Name,* Mary Bitticci
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Vincenzo Bitti
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1390 W. Fayette St

Remarks, Delicate

8980002403

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 22nd 98
4. *Place of Birth, (Street and Number)*	1717 Lanvale Ave
5. *Full Name of Mother,*	Katherine Hoff
6. *Mother's Maiden Name,*	Katherine Rennecker
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Conrad Hoff
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Switzerland
Name of Medical Attendant, or other person who makes this Return	Chas. B. Fiegen
Address,	830 N Broadway
Remarks,	

8980002404

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred, the name, color, the full name and occupation of its parents, the date and place between the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be fined for each offence, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 91698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.th child.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 nd of April 1878.
4. Place of Birth, (Street and Number) 1224. Canton Street.
5. Full Name of Mother, Barbara Banashefski
6. Mother's Maiden Name, Barbara Reibofski
7. Mother's Birthplace, Germany.
8. Full Name of Father, Joseph Banashefski
9. Father's Occupation Labrar
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liersemann.

Address, 1107 Chesapeake. Street.

Remarks, none.

8980002405

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23d 1899
4. *Place of Birth, (Street and Number)* 25 Druid Lane
5. *Full Name of Mother,* Annie Constable
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* John Constable
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mary Keyser

Address, 1217 Washington Ave

Remarks,

8 9 8 0 0 0 2 4 0 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22nd 1892
4. Place of Birth, (Street and Number) 1717 Register st
5. Full Name of Mother, Annie Virginia Satterfield
6. Mother's Maiden Name, Annie Virginia Masson
7. Mother's Birthplace, St Louis Missouri
8. Full Name of Father, Howard Osborne Satterfield
9. Father's Occupation Potter
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Martha S Foster

Address, 1600 East Lanvale st

Remarks,

8980002407

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall attend upon the birth of any child, and every person who shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 9/701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third Child

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 22 nd 1898
4. Place of Birth, (Street and Number) No 18 St Anns Ave
5. Full Name of Mother, Mary A Shock
6. Mother's Maiden Name, Mary A. Mullen
7. Mother's Birthplace, Ireland
8. Full Name of Father, John W. Shock
9. Father's Occupation Telegraph Operater
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Mrs. Agnes Bittner.

Address, 39 Jenkins Lane

Remarks,

8980002408

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22nd 1898
4. Place of Birth, (Street and Number) No. 34 Belair Ave.
5. Full Name of Mother, Annie Gail
6. Mother's Maiden Name, " " Dressell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Gail
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 7 Mine Bank Lane

Remarks, none

8 9 8 U 0 0 2 4 0 9

Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 22 nd 1898.
4. *Place of Birth, (Street and Number)*	No 1249 William St.
5. *Full Name of Mother,*	Eva. V. Bradley.
6. *Mother's Maiden Name,*	Eva. V. Cox
7. *Mother's Birthplace,*	Alexandria Va
8. *Full Name of Father,*	Jeorge. W. Bradley.
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooks.
Address,	No 1898 Light St
Remarks,	Doing Well

8 9 8 0 0 0 2 4 1 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 22nd 1898
4. *Place of Birth, (Street and Number)*	N 1400 Light St.
5. *Full Name of Mother,*	Kate Decker
6. *Mother's Maiden Name,*	Kate Trier
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William Decker
9. *Father's Occupation*	Wood Carver
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooks
Address,	N 1838 Light St.
Remarks,	Doing Well

8 7 8 0 0 0 2 4 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 23rd 1898
4. *Place of Birth, (Street and Number)*	388 Carlton St Balto Md
5. *Full Name of Mother,*	Fredericka Weber
6. *Mother's Maiden Name,*	Fredericka Knell
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Franz Weber
9. *Father's Occupation*	Stone Cutter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Minnie Graf
Address,	127 W Lexington St
Remarks,	

8980002412

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91708 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23rd 1898
4. *Place of Birth, (Street and Number)* 283 N. Exeter St.
5. *Full Name of Mother,* Sarah Askin
6. *Mother's Maiden Name,* Sarah Berman
7. *Mother's Birthplace,* Hessen Russ.
8. *Full Name of Father,* Abraham Askin
9. *Father's Occupation* Milk Dairy
10. *Father's Birthplace,* Hessen Russ.

Name of Medical Attendant, or other person who makes this Return, Yetta Klausmeier

Address, 1022 E. Edmondson Av.

Remarks,

8 9 8 U 0 0 2 4 1 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. A 91707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 d April 1898
4. Place of Birth, (Street and Number) 127½ Harrison St
5. Full Name of Mother, Goldie Shapiro
6. Mother's Maiden Name, Glaser
7. Mother's Birthplace, Russia
8. Full Name of Father, Ezra Shapiro
9. Father's Occupation Retired shoe maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullrig

Address, 1802 E Lexington St

Remarks,

8 9 8 0 0 0 2 4 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A-91708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23rd 1901
4. *Place of Birth, (Street and Number)* #208 Hedeon Ave
5. *Full Name of Mother,* Honora Harris
6. *Mother's Maiden Name,* Shaffer
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Wm. A. Harris
9. *Father's Occupation* Mill-wright
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, E B Nonnenmacher

Address, 320 Falls Road

Remarks,

8980002415

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 23d April 1898
4. Place of Birth, (Street and Number) No. 845 N. Pine St.
5. Full Name of Mother, Jennie Fields
6. Mother's Maiden Name, Wennenberger
7. Mother's Birthplace, Balto Md
8. Full Name of Father, James E. Fields
9. Father's Occupation Wood right
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, No. 731 N. Pine St.

Remarks,

8980002416

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall state as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Watts

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 23-28

4. Place of Birth, (Street and Number) The Johns Hopkins Hospital

5. Full Name of Mother, Susanna Watts

6. Mother's Maiden Name, Susanna Semale

7. Mother's Birthplace, Maryland

8. Full Name of Father, William Watts

9. Father's Occupation Machinist

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Wm W Dobbin M D

Address, The Johns Hopkins Hospital

Remarks, GIVEN NAME ADDED. 3-11-53 A.M.

8 7 8 0 0 0 2 4 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd of April 96
4. *Place of Birth, (Street and Number)* 416 Pulaski St
5. *Full Name of Mother,* Lile Pailer
6. *Mother's Maiden Name,* Lile Schmidt
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Carl Pailer
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 211 W Pratt St

Remarks,

B 9 8 U 0 0 2 4 1 8

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. No. 91712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) ~~Female~~ Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 23/98

4. Place of Birth, (Street and Number) 610 N Carolina

5. Full Name of Mother, Mollie Phillips

6. Mother's Maiden Name, Barnes

7. Mother's Birthplace, St. Mary's County Md

8. Full Name of Father, W. F. Phillips

9. Father's Occupation Labor work

10. Father's Birthplace, Fredericksburg Va.

Name of Medical Attendant, or other person who makes this Return, Mrs L. Lewis

Address, 1907 E Monument St.

Remarks,

8 9 8 U 0 0 2 4 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th and 8th.

1. *Sex (state whether male or female),* Females - Twins,
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Apr. 23rd 98
4. *Place of Birth (Street and Number),* 903 Lispenard Court
5. *Full Name of Mother,* Mary Cooper
6. *Mother's Maiden Name,* Mc D
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Daniel Norris
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. R. M. Hall

Address, 1019 D. Hill Ave.

Remarks, The children were born on my arrival at the house within one hour

8 7 8 0 0 0 7 4 2 0

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 91715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, april 23d. 1895
4. Place of Birth, (Street and Number) 1340 Fremont ave.
5. Full Name of Mother, Matilda Sydnes
6. Mother's Maiden Name, " Robinson
7. Mother's Birthplace, Va
8. Full Name of Father, Thomas S. Sydnes
9. Father's Occupation Laborr
10. Father's Birthplace, Va —

Name of Medical Attendant, or other person who makes this Return Milton D. Brown M.D.

Address, 1324 N. Calhoun St

Remarks, (Child laid to Rest, Roaches- 8th month 5th day

Dr. Ralph Reed

8 9 8 0 0 0 2 4 2 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 April 1898
4. *Place of Birth, (Street and Number)* 1802 9th St Waltmore City
5. *Full Name of Mother,* Roberta O. Pippen
6. *Mother's Maiden Name,* " Hammill
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* C. E Pippen
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, M. Brewer M.D

Address, 1146 McCulloh St

Remarks,

8 9 8 0 0 0 2 4 2 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH B 91717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 23rd 1898
4. *Place of Birth, (Street and Number)*	2024 W. Lexington City
5. *Full Name of Mother,*	Emily Bush
6. *Mother's Maiden Name,*	Bush
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Illegitimate Wood Frank
9. *Father's Occupation,*	—
10. *Father's Birthplace,*	City of Baltimore
Name of Medical Attendant, or other person who makes this Return,	Miss Bush
Address,	2024 W. Lexington
Remarks,	Very young & weak

5 9 8 U 0 0 2 4 2 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 91718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23/98
4. Place of Birth, (Street and Number) 406 S. Sharp st
5. Full Name of Mother, Mabel F. Hewitt
6. Mother's Maiden Name, Mabel F. Jones
7. Mother's Birthplace, Balto city
8. Full Name of Father, George H. Hewitt
9. Father's Occupation City Fire Department
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, E. Richardson M.D.

Address, 411 S. Sharp st

Remarks,

B 4 8 0 0 0 2 4 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Monday, and shall set forth such facts as the same can be ascertained, the full name of each child, if any, that have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[2.35.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wh.
3. *Date of Birth,*	Apr. 22/48
4. *Place of Birth, (Street and Number)*	2837 Frances St.
5. *Full Name of Mother,*	Mrs Robt. J. Megary
6. *Mother's Maiden Name,*	Florence E Bowers
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Robt. J. Megary
9. *Father's Occupation*	Butler Deh.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	E Schmid M. D.
Address,	2534 Penna Ave.
Remarks,	

8 9 8 0 0 0 2 4 2 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 23/98
4. *Place of Birth, (Street and Number)*	206 Madeira Alley
5. *Full Name of Mother,*	Lizzie M. Carrigan
6. *Mother's Maiden Name,*	Lizzie M. Theffen
7. *Mother's Birthplace,*	Ohio
8. *Full Name of Father,*	Geo Carrigan
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Ohio
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mrs. Bissholpr.
Remarks,	MIDWIFE,
	2225 Gough St. Baltimore, Md.

8980002426

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 9172 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	23 April 1898.
4. *Place of Birth, (Street and Number)*	Baltimore No 545 Lily Lane
5. *Full Name of Mother,*	Laura J. Wheeler.
6. *Mother's Maiden Name,*	J. Tuck.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank T. Wheeler.
9. *Father's Occupation*	Conductor.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. Harry Parmer.
Address,	545 Lily Lane Baltimore Md
Remarks,	Mother and Child are doing well.

8980002427

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar shall not be required to record the birth of any child unless the full name of such child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. No. 91722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apl. 23/98
4. *Place of Birth, (Street and Number)*	1417 W. Fayette St.
5. *Full Name of Mother,*	Mary E. Crane
6. *Mother's Maiden Name,*	" Dobler
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Stephen M. Crane
9. *Father's Occupation*	Court Official
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return	Wm. B. Rider
Address,	867 Harlem Ave.
Remarks,	

1898 0002428

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 91723

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24th 1898
4. *Place of Birth, (Street and Number)* # 2722 Bernard Av
5. *Full Name of Mother,* Elizabeth Shilleu
6. *Mother's Maiden Name,* Mac Lane
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Geo. T. Shilleu
9. *Father's Occupation* Brakeman.
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, R. B. Tormentus
320 Falls Road

Address,

Remarks,

1898 0002429

This schedule shall contain a list of the births which ... shall set forth as far as the same can be ascertained the full name of each child, (if any shall have ... its sex, color, the full name and occupation of its parents, the date and place of birth, and the ... shall be delivered, duly signed by the practitioner in the form of a certificate before mentioned, and the ... each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur ... without the attendance of a physician or practitioner of midwifery, or should no other person be in ... ance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such ... to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... d to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-22-57

RETURN OF A BIRTH. 91724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Henry ——— Lee Baker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th 1948
4. Place of Birth, (Street and Number) 251 Chestnut Ave
5. Full Name of Mother, Mary L. Baker
6. Mother's Maiden Name, Libby
7. Mother's Birthplace, Maryland
8. Full Name of Father, Robert H. Baker.
9. Father's Occupation R. R. Hand
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, R. B. Townsend M.D.

Address, 321 Falls Road

Remarks,

18980002430

Health. This schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th 1898
4. Place of Birth, (Street and Number) 1711 E. Biddle st.
5. Full Name of Mother, Rosie T. Lomax
6. Mother's Maiden Name, " " Fink Balto. City
7. Mother's Birthplace, ~~St. Mary's County~~ Md.
8. Full Name of Father, John R. Lomax
9. Father's Occupation Clerk at Post Office
10. Father's Birthplace, St. Mary's Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8980002431

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th 1898
4. Place of Birth, (Street and Number) 1712 Mount St
5. Full Name of Mother, Mary Collison
6. Mother's Maiden Name, Mary Collison
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Peter Collison
9. Father's Occupation, Cement Worker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Mrs Mary J. Shockney
731 Courtland St

8 7 8 0 0 0 2 4 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24/98
4. Place of Birth, (Street and Number) # 813 S. Ann St
5. Full Name of Mother, Johanna Makowski.
6. Mother's Maiden Name, Johanna Poremski.
7. Mother's Birthplace, Germany
8. Full Name of Father, John Makowski.
9. Father's Occupation Farm Hand
10. Father's Birthplace, Germany

Name of Medical Attendant or other person who makes this Return, Emilie Grochmal.

Address, 1710 Alice Anna St

Remarks, Done

8780002433

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 9178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 24th, 1898

4. Place of Birth, (Street and Number) 210 Dolphin St.

5. Full Name of Mother, Emma Jane McNulty

6. Mother's Maiden Name, " Ellis

7. Mother's Birthplace, City

8. Full Name of Father, James P. McNulty

9. Father's Occupation Saloon Keeper

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, C. M. Cook

Address, 1052 Myrtle Ave.

Remarks,

18980002434

Wm. J. C. Dulany Co., City Printers and Stationers.

Number and name of street as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 24th 1898

4. Place of Birth, (Street and Number) 838 N. Franklin St

5. Full Name of Mother, Maggie Freeman

6. Mother's Maiden Name, Wm Evans

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jesse Washington

9. Father's Occupation Painter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return Mrs Hunter

Address, 23 N Appleton St

Remarks,

8980002435

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 91730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24/98
4. *Place of Birth, (Street and Number)* 1927 Orleans St.
5. *Full Name of Mother,* Mary Zulauf
6. *Mother's Maiden Name,* Haas
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Zulauf
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

B 9 8 0 0 0 2 4 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) W Lilc
3. Date of Birth, April 24 / 98
4. Place of Birth, (Street and Number) 241 S. Washington st
5. Full Name of Mother, Minnie Eisele Single
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

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Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife or person who shall be present at the birth of any child, shall ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24 1898
4. Place of Birth, (Street and Number) 1232 Patapsco St
5. Full Name of Mother, Sarah Rennie
6. Mother's Maiden Name, Sarah Freeman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Rennie
9. Father's Occupation, Conductor R.R
10. Father's Birthplace, Edinburg Scotland

Name of Medical Attendant, or other person who makes this Return, Ellenora E. Anderson

Address, 1434 Patapsco St

Remarks,

8480002438

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

RETURN OF A BIRTH A. 91733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24 th April 1878
4. *Place of Birth, (Street and Number)*	Fort Mc Henry
5. *Full Name of Mother,*	Mary Patterson
6. *Mother's Maiden Name,*	" Dorn
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	William Patterson
9. *Father's Occupation*	Soldier
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaffler
Address,	No. 1708 E. Fort Ave. L. P.
Remarks,	

8 9 8 0 0 0 2 4 3 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) ~~M~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th '98
4. Place of Birth, (Street and Number) 1404 E. Lombard St.
5. Full Name of Mother, Mary Shooster
6. Mother's Maiden Name, Mary Shooster
7. Mother's Birthplace, Homers Rus
8. Full Name of Father, Philip Shooster
9. Father's Occupation Shoemaker
10. Father's Birthplace, Homers Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1022 E. Lombard St

Remarks,

3980002440

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 8-25-58

RETURN OF A BIRTH. A. 91735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irma Ward Payne

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 Apl 1898
4. Place of Birth, (Street and Number) 315 N. Green St.
5. Full Name of Mother, Carrie Payne
6. Mother's Maiden Name, Cullimore
7. Mother's Birthplace, Balt.
8. Full Name of Father, Sam'l K. Payne
9. Father's Occupation. Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. H. Wilson

Address, 1008 Mad. Ave

Remarks,

8980002441

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 91736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27 1898
4. Place of Birth, (Street and Number) 1512 N Gilmor St
5. Full Name of Mother, Ella Richmond
6. Mother's Maiden Name, Frankenberger
7. Mother's Birthplace, Md
8. Full Name of Father, Heathen Richmond
9. Father's Occupation florist
10. Father's Birthplace, ~~this~~ Ireland

Name of Medical Attendant, or other person who makes this Return, Henry Mettert M.D.

Address, 237 Gordon Ave

Remarks,

8980002442

Wm. J. C. Dulany Co., City Printers and Stationers

SEC. 7. Every birth shall be registered, whether occurring in a public or private institution or elsewhere, and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th 1898
4. Place of Birth, (Street and Number) No 835 William St.
5. Full Name of Mother, Maria Louisa McCullough.
6. Mother's Maiden Name, Maria Louisa Harps.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thompson Price McCullough
9. Father's Occupation Machinist
10. Father's Birthplace, Havre De Grace

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Brooks.

Address, 1828. Light St.

Remarks, Doing Well

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 8 0 0 0 2 4 4 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91738.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th April 1898
4. Place of Birth, (Street and Number) No. 1741 Sunnwatts Court
5. Full Name of Mother, Mary Moon.
6. Mother's Maiden Name, Mary Anthony
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Moon.
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Catherine Hornung

Address, No. 15. 17. Byrd St.

Remarks,

0 9 8 0 0 0 2 4 4 4

Wm. J. C. Dulany Co. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A 91739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation* Carpenter Helper
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address, 121 N. Athol[illegible] St

Remarks,

8980002445

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 25 - 98
4. *Place of Birth, (Street and Number)* 115 N Fountain
5. *Full Name of Mother,* Mary Cross
6. *Mother's Maiden Name,* McAyeal
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,* D of Long

Name of Medical Attendant, or other person who makes this Return, [illegible] N Eutaw

Address,

Remarks,

8 9 8 U 0 0 2 4 4 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. B. 9174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 25th 1898
4. *Place of Birth, (Street and Number)* 1115 N. Dallas st.
5. *Full Name of Mother,* Hattie Saunders
6. *Mother's Maiden Name,* " Shaw
7. *Mother's Birthplace,* Wicomico Co. Md
8. *Full Name of Father,* John B. Saunders
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Eastern Shore of Md.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8980002447

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 25 1898
4. *Place of Birth, (Street and Number)*	118 S. Castle st
5. *Full Name of Mother,*	Ellen Wirth
6. *Mother's Maiden Name,*	Ellen Sauter
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Joseph Wirth
9. *Father's Occupation*	Grain Inspecter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs. Disenhofer.
Address,	MIDWIFE, 2225 Gough St. Baltimore, Md.
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25th 1898
4. *Place of Birth, (Street and Number)* 2034 Orleans St.
5. *Full Name of Mother,* Blanche Eichler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Martin Eichler
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Chas. Kolb

Address, 202 N Washington St. Balto City

Remarks,

8980002449

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 25 98

4. Place of Birth, (Street and Number) 115 N Lanvale

5. Full Name of Mother, Maggie E Logan

6. Mother's Maiden Name, Linn

7. Mother's Birthplace, Md

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L C Long

Address, 115 N Z

Remarks,

8980002450

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 25 1891

4. *Place of Birth, (Street and Number)* 409 S. Wolfe St

5. *Full Name of Mother,* Elizabeth A. Shelby

6. *Mother's Maiden Name,* Elizabeth A. Finch.

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Augustus Shelby

9. *Father's Occupation* Cap Maker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Mary E. Bragg

Address, 322 Park Ave

Remarks, Co

8980002451

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B. 91746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 25th April 1898
4. Place of Birth, (Street and Number) 402 Folsom St
5. Full Name of Mother, Louisa Measke
6. Mother's Maiden Name, Sapp
7. Mother's Birthplace, Balti
8. Full Name of Father, Henry Measke
9. Father's Occupation Laborer
10. Father's Birthplace, west Liberty Miss

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gosnell

Address, 650 E Fort ave

Remarks,

8980002452

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4. 25. 98
4. Place of Birth, (Street and Number) 1906 Montrose Ave
5. Full Name of Mother, Antoinette V. Ridenour
6. Mother's Maiden Name, Antoinette V. Trible
7. Mother's Birthplace, Hagerstown Md.
8. Full Name of Father, Henry Clinton Ridenour
9. Father's Occupation Baker
10. Father's Birthplace, Churchville Md.

Name of Medical Attendant, or other person who makes this Return, Josiah Hart. M.D

Address, 1901. W. Fayette Ave

Remarks, Name of Child Ira Lee

8980002453

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 25 - 1898

4. Place of Birth, (Street and Number) 715 Cumberland St

5. Full Name of Mother, Sophia M Kaden

6. Mother's Maiden Name, Sophia M Stewell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank E Hayden

9. Father's Occupation Dyer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Mrs Mary L Shockney
731 Cumberland St

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been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr. 25, 1898.
4. *Place of Birth, (Street and Number)* 221 Eden St
5. *Full Name of Mother,* Fanny Seidle
6. *Mother's Maiden Name,* Dobren Schneider
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Meyer Seidle
9. *Father's Occupation* Shoefitter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Sherman.

Address, 42 Allendale St.

Remarks,

8980002455

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 25. 1895

4. Place of Birth, (Street and Number) 11 Exeter St

5. Full Name of Mother, Esther Reebman

6. Mother's Maiden Name, Marshalavitch

7. Mother's Birthplace, Russia

8. Full Name of Father, Max Reebman

9. Father's Occupation Storekeeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm. E. Scherman.

Address, 42 Belvedere St.

Remarks,

8980002456

Wm. J. C. Dulany Co,. City Printers and Stationers.

been correctly its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above requiredi, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every Physician, Midwife or other person who shall assist at the birth of any child, or shall have the first information of such birth, and the parents or guardians of such child, shall report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Name John Christian ~~Weber~~ Weber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 25th April 1878
4. Place of Birth, (Street and Number) No 837 Mc Kimmon
5. Full Name of Mother, Mary Elizabeth Weber
6. Mother's Maiden Name, Mary Hermann
7. Mother's Birthplace, Long Green Bal. County
8. Full Name of Father, Conrad Gottlieb Weber
9. Father's Occupation, Varnisher
10. Father's Birthplace, Long Green Bal. County

Name of Medical Attendant, or other person who makes this Return, Phys Obstetrician

Address, 1059 Harford Ave

Remarks, Bal Md

1898 00024 57

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. A. 91752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 April 1898
4. *Place of Birth, (Street and Number)* 412 S Wolf St
5. *Full Name of Mother,* Helen Epps
6. *Mother's Maiden Name,* Helen Gee
7. *Mother's Birthplace,* Baltimor M D
8. *Full Name of Father,* Helyan Epps
9. *Father's Occupation* Printers
10. *Father's Birthplace,* Baltimor M.D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

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Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. B. 91753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 20 '98

4. Place of Birth, (Street and Number) The Johns Hopkins Hospital

5. Full Name of Mother, Nora Forland

6. Mother's Maiden Name, —

7. Mother's Birthplace, ~~Egypt~~ Virginia

8. Full Name of Father, George Hankins

9. Father's Occupation Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Geo. W. DeBerry M.D.

Address, The Johns Hopkins Hospital

Remarks, —

8 7 8 0 0 0 2 4 5 9

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Each Contractor of his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 24 th 98

4. Place of Birth, (Street and Number) 216 S. Gustavus St

5. Full Name of Mother, Felicia Zito

6. Mother's Maiden Name, Messina

7. Mother's Birthplace, Italy

8. Full Name of Father, Angelo Zito

9. Father's Occupation Cook

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs F Marie Romano

Address, 302 N. High St

Remarks,

8980002460

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH B 9755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. *Sex, (state whether ~~male or~~ female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 25 1898.
4. *Place of Birth, (Street and Number)*	1824 Linden Ave.
5. *Full Name of Mother,*	Nanie Coy.
6. *Mother's Maiden Name,*	Nanie Gordon.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George J. Coy.
9. *Father's Occupation,*	Assistant Regester.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Jno F. Powell M.D.
Address,	2122 St. Paul St.
Remarks,	Child Healthy.

8980002461

Mothers are hereby required to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A. 91756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 25 1858

4. Place of Birth, (Street and Number) 1217 Patterson Ave

5. Full Name of Mother, Blanch Willet

6. Mother's Maiden Name, Blanch Green

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chanler Willet

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Hanover Pa.

Name of Medical Attendant, or other person who makes this Return, Fred Clarke Jewett M.D.

Address, 2238 Druid Hill Ave

Remarks,

8 9 8 0 0 0 2 4 6 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25 98
4. *Place of Birth, (Street and Number)* Towson St 1208
5. *Full Name of Mother,* Kate Stumpf
6. *Mother's Maiden Name,* Wolf
7. *Mother's Birthplace,* Granach Baiern
8. *Full Name of Father,* John Stumpf
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Granach Baiern

Name of Medical Attendant, or other person who makes this Return, Johanna Lonske

Address, Garrett Ave 1369

Remarks,

8980002463

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 91758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether ~~male~~ or ~~female~~) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26th - 1898
4. Place of Birth, (Street and Number) 729 - 3d ave - N - Balto.
5. Full Name of Mother, Maggie Miller
6. Mother's Maiden Name, Maggie Heath
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Raymond Miller
9. Father's Occupation, Fireman, Balto. City Fire Dept.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, A. M. Dorsey M.D

Address, 729 - 3d ave N. Balto. Md

Remarks,

8 9 8 U 0 0 2 4 6 4

Wm J. C. Dulany Co., City Printers and Stationers.

...said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A. 91759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 26/98
4. Place of Birth, (Street and Number) 250 Cedar Ave
5. Full Name of Mother, Margaret E Mallonee
6. Mother's Maiden Name, " " Duvall
7. Mother's Birthplace, Va.
8. Full Name of Father, W. R. Mallonee
9. Father's Occupation Miller hand
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Wm. H. F. Neuman

Address, #107 Chestnut Ave

Remarks,

8 9 8 U 0 0 2 4 6 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 26 April 1898. 26 January

4. Place of Birth, (Street and Number) Home Lakewood

5. Full Name of Mother, " Essie

6. Mother's Maiden Name, Pentilvania

7. Mother's Birthplace, Richard Lehmer

8. Full Name of Father, Laborer

9. Father's Occupation Baltimore

10. Father's Birthplace, Geo. H. Myers.

Name of Medical Attendant, or other person who makes this Return,

Address, 1331 West Fort Avenue Point.

Remarks,

8 9 8 0 0 0 2 4 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. C 91761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26th 98
4. Place of Birth, (Street and Number) 1732 Maryland Avenue
5. Full Name of Mother, Nellie Sauter
6. Mother's Maiden Name, Nellie Banks
7. Mother's Birthplace, Lacon City Minnesota
8. Full Name of Father, Walter Franklin Sauter
9. Father's Occupation Motorman P R R
10. Father's Birthplace, Baltimore County Md.

Name of Medical Attendant, or other person who makes this Return, R S Field, M D

Address, 700 N Fulton Ave

Remarks,

8980002467

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH A 91762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr. 26 - 1898
4. *Place of Birth, (Street and Number)* Calvin Ave.
5. *Full Name of Mother,* Clara E. Turner
6. *Mother's Maiden Name,* " " Clark
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Chas. Turner
9. *Father's Occupation,* Watchman
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. H. G. Prentiss.

Address, 809 Gorsuch Ave

Remarks,

8980002468

1236.]

RETURN OF A BIRTH B-91763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d) &c.)	1st child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 20th 1898
4. *Place of Birth, (Street and Number)*	424 E. Gilmor St
5. *Full Name of Mother,*	Mary J. Jackson
6. *Mother's Maiden Name,*	Mary J. Harris
7. *Mother's Birthplace,*	Ellicott City Howard Co
8. *Full Name of Father,*	Thomas Jackson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Chas Co
Name of Medical Attendant, or other person who makes this Return,	Mary Harvey
Address,	1809 Lamont al
Remarks,	

8980002469

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26th April
4. Place of Birth, (Street and Number) 15 S. Saddler St
5. Full Name of Mother, Sarah Johnson
6. Mother's Maiden Name, Bell
7. Mother's Birthplace, Balti
8. Full Name of Father, William Johnson
9. Father's Occupation Labourer
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 65 E Fort ave

Remarks,

8980002470

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered of his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, 26 April 1898
4. Place of Birth, (Street and Number) NW Corner Gay + Castle Sts.
5. Full Name of Mother, Mrs Bertha E Simpkins
6. Mother's Maiden Name, Bertha E. Fields
7. Mother's Birthplace, USA
8. Full Name of Father, John T Simpkins
9. Father's Occupation, Clerk.
10. Father's Birthplace, USA

Name of Medical Attendant, or other person who makes this Return, F. Leonard MD.

Address, 125 Jackson Place

Remarks,

8980002471

been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26/98
4. Place of Birth, (Street and Number) 122 S. Castle St.
5. Full Name of Mother, Mary Ruth
6. Mother's Maiden Name, Schleubner
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Ruth
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 7 8 U 0 0 2 4 7 2

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26 - 1945
4. Place of Birth, (Street and Number) 2440 Frances Street -
5. Full Name of Mother, Dolly V - Wright -
6. Mother's Maiden Name, Dolly V. Burke
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Daniel L Wright -
9. Father's Occupation Motorman Balto Cons. R.R.
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return James A White M.D

Address, 519 Virginia Street

Remarks,.

B 9 8 U 0 0 2 4 7 3

Wm. C. Dulany Co., City Printers and Stationers.

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 26th 1898
4. *Place of Birth, (Street and Number)*	Woodberry Ave West Woodberry
5. *Full Name of Mother,*	Victoria K Morrison
6. *Mother's Maiden Name,*	Victoria K. Belchner
7. *Mother's Birthplace,*	Carroll Co Md.
8. *Full Name of Father,*	John F. Morrison
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balt. Co, Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. A. Shower, M.D.
Address,	421 Roland Ave.
Remarks,	

8 9 8 0 0 0 2 4 7 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. D. 91769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Kate Adler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26th '98
4. Place of Birth, (Street and Number) 622 Eutaw Engine St
5. Full Name of Mother, Leah Fannie Adler
6. Mother's Maiden Name, Leah Fannie Warenmaskin
7. Mother's Birthplace, Dagsitch Rus.
8. Full Name of Father, Jacob (Mendal) Adler
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Dagsitch Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1022 E. Lombard St.

Remarks,

1898 U 002475

Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

2361

GIVEN NAME ADDED 11-19-59

RETURN OF A BIRTH A. 91770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 26th 1898

4. Place of Birth, (Street and Number) 1214 N Eden st

5. Full Name of Mother, Esra Miller

6. Mother's Maiden Name, Epofsine

7. Mother's Birthplace, Russia

8. Full Name of Father, Abraham Miller

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, D. Ridgway Andrè M.D.

Address, 1123 E Baltimore st

Remarks,

8980002476

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21st 96
4. *Place of Birth, (Street and Number)* 676 N. Baltimore st
5. *Full Name of Mother,* Mary Howard Bowers
6. *Mother's Maiden Name,* Mary Gertrude Thomas
7. *Mother's Birthplace,* New York City
8. *Full Name of Father,* John Adam Bowers
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Barthe. Heinharolt

Address, 1631 N. Pratt St. Baltimore Md.

Remarks,

8980002477

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26 1886
4. Place of Birth, (Street and Number) 213 Independence Ct (Family)
5. Full Name of Mother, Florence Thompson
6. Mother's Maiden Name, Lanier
7. Mother's Birthplace, Md
8. Full Name of Father, Frederick J Thompson
9. Father's Occupation, Cane worker
10. Father's Birthplace, Md. (Baltimore City)

Name of Medical Attendant, or other person who makes this Return, D. Young Methodist Min

Address, 237 Gorsuch Ave

Remarks,

8980002478

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 91773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 26th 1898
4. *Place of Birth, (Street and Number)* 1036 Front St
5. *Full Name of Mother,* Mary Lucy Thomas
6. *Mother's Maiden Name,* Mary Lucy Bowie
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Thomas
9. *Father's Occupation* Butcher and
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Johnson

Address, 1036 S. Front street

Remarks,

8980002479

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH.

No. 91774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child W. Ehetwine ~~Mills~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26 1898
4. Place of Birth, (Street and Number) 734 Port St.
5. Full Name of Mother, Elizabeth Lizzie Mill
6. Mother's Maiden Name, Neumeyer
7. Mother's Birthplace, Germany
8. Full Name of Father, John Mill
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Eutaw St.

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

6 7 8 U 0 0 2 4 8 0

Each Commissioner is sec. cond, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 26th 1898.
4. *Place of Birth, (Street and Number)* No 2321 Hanover St.
5. *Full Name of Mother,* Araminta Parsons.
6. *Mother's Maiden Name,* Araminta Willis
7. *Mother's Birthplace,* Bridgeville
8. *Full Name of Father,* Alfred Parsons.
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Brooks

Address, No 1828 Eight St

Remarks, Doing Well

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 27th 1898
4. Place of Birth, (Street and Number) 1134 N. Fallsway 1st fl.
5. Full Name of Mother, Rosa Bitzel
6. Mother's Maiden Name, " Cole
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Valentine Bitzel
9. Father's Occupation Broom maker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 2030 N. Washington Av

Remarks,

8980002482

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 27 of April 1896
4. *Place of Birth, (Street and Number)*	No 1902 Eutaw Pl
5. *Full Name of Mother,*	Emma L Thomas
6. *Mother's Maiden Name,*	Emma L Taylor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Thomas
9. *Father's Occupation,*	Ship Builder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Jno Ch Lamb
Address,	No 1059 Hartford Ave
Remarks,	Bal. Md
	1896
	8788000 2483

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B. 91778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27. 1898
4. Place of Birth, (Street and Number) No 2006 E Fayette St
5. Full Name of Mother, Anna Mich
6. Mother's Maiden Name, Hergenrather
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm F Mich
9. Father's Occupation Bookmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Geo

Address, 1701 E Monument St

Remarks,

8 9 8 0 0 0 2 4 8 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, April 27, 1898
4. Place of Birth, (Street and Number) 635 Hanover st.
5. Full Name of Mother, Annie Virginia Chester
6. Mother's Maiden Name, Annie Virginia Pipes
7. Mother's Birthplace, Talbot County
8. Full Name of Father, Benjamin Arthur Chester
9. Father's Occupation Laborer
10. Father's Birthplace, Dorchester County

Name of Medical Attendant, or other person who makes this Return, Meredith Brooks

Address, 1132 Warner st.

Remarks, Doing Well

8980002485

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 27th 1898
4. *Place of Birth, (Street and Number)*	# 1613 Light St.
5. *Full Name of Mother,*	Emma L. Right
6. *Mother's Maiden Name,*	Emma L. DeSales
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Edward. Right
9. *Father's Occupation*	Brakeman
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooks.
Address,	# 1828 Light St
Remarks,	Doing Well

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Wm. J. C. Dulany Co., City Printers and Stationers.

The name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236.]

RETURN OF A BIRTH. No. 91781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Gabel Bauer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27 / 98.
4. Place of Birth, (Street and Number) Wilhelm St. 1538
5. Full Name of Mother, Mary Bauer
6. Mother's Maiden Name, Mary Walther
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, F. W. Bauer
9. Father's Occupation Labor
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bertha Weinhardt.

Address, 1631 N. Pratt St. Baltimore Md.

Remarks,

8980002487

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th of April - 1898
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Mary Bury Manstorfer
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, Joseph Bury
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wm. Bange

Address, 711 St. Cross St

Remarks,

8 9 8 0 0 0 2 4 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 5-8-63

RETURN OF A BIRTH A-91783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Myrtle Willard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1129 Myrtle Ave
4. *Place of Birth, (Street and Number)* Balto City MD
5. *Full Name of Mother,* Mamie Patchett
6. *Mother's Maiden Name,* Mamie Price
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Charles C Patchett
9. *Father's Occupation* Policeman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, A C Rell

Address, 2038 Madison Ave

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. [illegible]y Co., City Printers and Stationers.

8980002489

RETURN OF A BIRTH. 91784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 27 1898
4. Place of Birth, (Street and Number) 1016 E. Fayette St
5. Full Name of Mother, Ida Rosenfeld
6. Mother's Maiden Name, " Seidenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Rosenfeld
9. Father's Occupation Tinner
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Schuman

Address, 42 Aisquith St

Remarks,

8 9 8 U 0 0 2 4 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, Apr 27 '98

4. Place of Birth, (Street and Number) Md Genl Hosp

5. Full Name of Mother, Mary Gregory

6. Mother's Maiden Name, "

7. Mother's Birthplace, U.S.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Md Genl Hosp.

Address,

Remarks, Unlisting obtainable of father, Mother idiotic.

8780002491

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH A. 91786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 27 1895
4. *Place of Birth, (Street and Number)* 1927 Bank
5. *Full Name of Mother,* Sophie Diacont
6. *Mother's Maiden Name,* Feller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Diacont
9. *Father's Occupation* Ice Wagon driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1927 E. Fleet St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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6.]

RETURN OF A BIRTH. A 91787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 3rd

1. Sex, (state whether male or female) F. & M.

2. Race or Color, (if not of the white race) W

3. Date of Birth, April 28th 98

4. Place of Birth, (Street and Number) 120 S Ellm.

5. Full Name of Mother, Sarah Fell Johnson

6. Mother's Maiden Name, Runnis

7. Mother's Birthplace, Abram Fell.

8. Full Name of Father, Carpenter

9. Father's Occupation Runnis

10. Father's Birthplace, Aliquot Parish Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 112 E Baltimore Street

Remarks,

8 7 8 0 0 0 2 4 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of the physician or midwife in attendance, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall thereafter fail to comply with the provisions of this section shall be sub-

RETURN OF A BIRTH. A-91788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2"

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 28-95
4. Place of Birth, (Street and Number) 115 N Fountain
5. Full Name of Mother, Mary Thompson
6. Mother's Maiden Name, Snyder
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. J. Long

Address, 115 N Fountain

Remarks,

8980002494

been conferred, its sex, color, the full name and occupation of its parents, the time and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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86.]

RETURN OF A BIRTH A. 91789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ~~White~~
3. *Date of Birth,* April 25th 1898
4. *Place of Birth, (Street and Number)* No 121 Arlington ave.
5. *Full Name of Mother,* Pauline Engelbrecht.
6. *Mother's Maiden Name,* Pauline Hofmann.
7. *Mother's Birthplace,* Hamburg Prussia.
8. *Full Name of Father,* Fred. Engelbrecht
9. *Father's Occupation* Painter.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Drs O'Hagan

Address, 924 Hollins St

Remarks,

8 9 8 0 0 0 2 4 9 5

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. B. 91790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Apr. 28th 1898
4. *Place of Birth, (Street and Number)*	3422 Elm Ave. Hamilden
5. *Full Name of Mother,*	Lillian May Armiger
6. *Mother's Maiden Name,*	Lillian May Kain
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles W. Armiger
9. *Father's Occupation*	Employee in Cotton Factory
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo. A. Shower, M.D.
Address,	421 Roland Ave.
Remarks,	

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been entered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. B. 91791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 t
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 28. " 1898
4. *Place of Birth, (Street and Number)*	Baltimore 1105 Park ave
5. *Full Name of Mother,*	Mary Katz
6. *Mother's Maiden Name,*	Decker
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Katz
9. *Father's Occupation,*	Shoe maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Anne Hyner
Address,	921 Ryan st City
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 91792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Fourth

1. *Sex,* (*state whether male or female*)
2. *Race or Color,* (*if not of the ~~white~~ race*)
3. *Date of Birth,* April 28 [illegible]
4. *Place of Birth,* (*Street and Number*) 630 Bruce St
5. *Full Name of Mother,* Sofa J. Boyles
6. *Mother's Maiden Name,* Sofa J. Hall
7. *Mother's Birthplace,* Montgomery Co. Md.
8. *Full Name of Father,* Nelson J. Boyles
9. *Father's Occupation,* Hodcarrier
10. *Father's Birthplace,* Charles Co. Md.

Name of Medical Attendant, or other person who makes this Return.

Address, L. Co. Clerk

Remarks, 1725 N. Lemmon St

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WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall see to it that the same is done. The return of every birth shall state the place of birth, the full name and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, including the child last born, and whether (if not of the white race) it has been conferred) its sex, color

RETURN OF A BIRTH. C. 91793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 23 1878
4. *Place of Birth, (Street and Number)* 107 Bruce St
5. *Full Name of Mother,* Elizabeth Cook
6. *Mother's Maiden Name,* Elizabeth Johnson
7. *Mother's Birthplace,* Baltimore Co Md.
8. *Full Name of Father,* James Cook
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. A. Otis M.D.

Address, 1123 E. Lexington St

Remarks,

6 7 8 U 0 0 2 4 9 9

month, and shall set forth as far as the same can be ascertained the facts, the date and place of birth; and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other parents of such third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A 91794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21 98
4. *Place of Birth, (Street and Number)* 4
5. *Full Name of Mother,* Christina B. Hatfield
6. *Mother's Maiden Name,* Christina E. Blankford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George W. Hatfield
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Edward Clarke M.D.

Address, 316 East North Ave.

Remarks, This return may also have been made by Mrs Martha Griffin a mid-wife who rendered assistance

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been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 91795.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 28/98
4. Place of Birth, (Street and Number) # 804 Glover St
5. Full Name of Mother, Rosa Urbanski.
6. Mother's Maiden Name, Rosa Gzibonski.
7. Mother's Birthplace, Germany
8. Full Name of Father, Theo. Urbanski.
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, # 1710 Alice Anna St

Remarks, None

8980002501

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 28-98

4. *Place of Birth, (Street and Number)* The Johns Hopkins Hospital

5. *Full Name of Mother,* Bella Harden

6. *Mother's Maiden Name,* —

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Harry Branch

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks,

8980002502

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 91797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 28th 1898
4. *Place of Birth, (Street and Number)*	706 Ramsey st
5. *Full Name of Mother,*	Rosa Tripp
6. *Mother's Maiden Name,*	Rosa Weber
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Eberhardt Tripp
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Hellegonda Pfeifer
Address,	734 St Peter st
Remarks,	

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Health. This schedule shall contain the name of the child, if any shall have been conferred, the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 91798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 29/98
4. *Place of Birth, (Street and Number)* #1 Wilson st
5. *Full Name of Mother,* Mamie Comfort
6. *Mother's Maiden Name,* " Tinsmons
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edw. H. Comfort
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Delaware

Name of Medical Attendant, or other person who makes this Return, Jno. H. Feddeman M.D.

Address, #102 Chestnut Ave

Remarks, 8980002504

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwifery, or the person or parents of such third day of each and every month of a physician or practitioner of shall occur without the attendance immediately thereafter it shall become the duty of the person or parents of such shall occur upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. D. 91799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* April 29th 1898
4. *Place of Birth, (Street and Number)* 710 Whalcott St
5. *Full Name of Mother,* Annie Johnson
6. *Mother's Maiden Name,* Annie Hall
7. *Mother's Birthplace,* West River Md
8. *Full Name of Father,* John H. Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Caroline Co Va

Name of Medical Attendant, or other person who makes this Return, Francis Walker

Address, 809 Parrish alley

Remarks, 8 7 8 0 0 0 2 5 0 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A-91800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	4th 27th 98
4. *Place of Birth, (Street and Number)*	520 Preston.
5. *Full Name of Mother,*	Nancy J. Baily.
6. *Mother's Maiden Name,*	" J. Riley
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Raymond Baily.
9. *Father's Occupation*	Lab.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	M D
Address,	Md. Genl. Hosp.
Remarks,	

8980002506

Wm. J. C. Dulany Co,. City Printers and Stationers.

Each child born alive in the City of Baltimore, and each stillborn child of which a birth has been concealed, the sex, color, the full name and residence of the parents, as far as practicable, shall be reported in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Apr 29 '88
4. Place of Birth, (Street and Number) 308 Mowat st
5. Full Name of Mother, Monoli Gray
6. Mother's Maiden Name, Maxol Martin
7. Mother's Birthplace, Va
8. Full Name of Father, Wilson Gray
9. Father's Occupation Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, J. T. Mulvin

Address, 231 E Druid Hill ave

Remarks, Dr Gilmer attes

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 29 1898
4. *Place of Birth, (Street and Number)* 2712 Barnard St
5. *Full Name of Mother,* Marion Lee Cox
6. *Mother's Maiden Name,* Marion Lee Bryant
7. *Mother's Birthplace,* Talbot Co Md
8. *Full Name of Father,* Thomas H Cox
9. *Father's Occupation* Railroad Brakeman
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Murray Griffin

Address, 2425 Dorsett road

Remarks,

8 9 8 0 0 0 2 5 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 29th 1898
4. *Place of Birth, (Street and Number)*	114 Perry Street
5. *Full Name of Mother,*	Lizzie Müller
6. *Mother's Maiden Name,*	Lizzie Kramer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Müller
9. *Father's Occupation*	Stable Hand
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary Barry
Address,	711 St. Cross St
Remarks,	

8980002509

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29th 1911
4. *Place of Birth, (Street and Number)* 2816 Bernard Ave
5. *Full Name of Mother,* Mary E. Ryan
6. *Mother's Maiden Name,* Carter
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Joseph F. Ryan
9. *Father's Occupation* Policeman
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, R. B. Townsend M.D.

Address, 320 Falls Road.

Remarks,

8 9 8 U 0 0 2 5 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall wilfully refuse or neglect to make return of any birth at which he was present, or which occurred in the house or premises under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-13-55

RETURN OF A BIRTH. A 91805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Polley~~ Marie Helen Third Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29 1898
4. Place of Birth, (Street and Number) 1109 N. Carey St
5. Full Name of Mother, Carrie M ~~Polley~~ Polley
6. Mother's Maiden Name, Carrie M Luccarini
7. Mother's Birthplace, Phila. Pa.
8. Full Name of Father, Eugene Polley
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return Mrs Hunter

Address, 28 N Poppleton St

Remarks,

B 7 8 0 0 0 2 5 1 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case of the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the attendance upon the mother, immediately thereafter it shall become the duty of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

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RETURN OF A BIRTH A 91806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	April 29 1898
4. *Place of Birth, (Street and Number)*	1824 E Chase St
5. *Full Name of Mother,*	Maud V Forman
6. *Mother's Maiden Name,*	" Bankard
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Charles A Forman
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	R G Davis, M.D.
Address,	1007 N Caroline St
Remarks,	

8 9 8 0 0 0 2 5 1 2

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B. 91807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29 1898
4. *Place of Birth, (Street and Number)* 722 S Bethel St
5. *Full Name of Mother,* Josephine Fujinarsky
6. *Mother's Maiden Name,* Barbara
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Joseph Fujinarsky
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Quett

Address, 838 S. Bond St

Remarks,

8980002513

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. B. 91808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 29/1898
4. *Place of Birth, (Street and Number)*	#1010 Bolden et Canton
5. *Full Name of Mother,*	Mary Byer.
6. *Mother's Maiden Name,*	Mary Schroll
7. *Mother's Birthplace,*	Balto,
8. *Full Name of Father,*	John Byer.
9. *Father's Occupation*	Laborn
10. *Father's Birthplace,*	Balto,
Name of Medical Attendant, or other person who makes this Return,	Mary A. Perkins
Address,	#241 S. Chester st
Remarks,	

8 9 8 0 0 0 2 5 1 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. B. 91809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29-'98
4. *Place of Birth, (Street and Number)* Baltimore The Johns Hopkins Hospital
5. *Full Name of Mother,* Rose Josie
6. *Mother's Maiden Name,* ~~Baltimore~~ —
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Palmero
9. *Father's Occupation* Artist
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return Geo. W. Dorsey M. D.

Address, The Johns Hopkins Hospital,

Remarks,

8980002515

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A-91810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 29. 98.
4. *Place of Birth, (Street and Number)*	129 W. Mt. Royal Ave.
5. *Full Name of Mother,*	Johanna Elizabeth Anecker Mason
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Danzig - Germany.
8. *Full Name of Father,*	Walter Anecker
9. *Father's Occupation,*	Civil Engineer.
10. *Father's Birthplace,*	Russ Germany
Name of Medical Attendant, or other person who makes this Return.	Alfred Wanstall M.D.
Address,	921 Cathedral St
Remarks,	

8980002516

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (ten) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 9811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29/98
4. Place of Birth, (Street and Number) 108 Washington st
5. Full Name of Mother, Annie Wilhelm
6. Mother's Maiden Name, Annie Nagengast
7. Mother's Birthplace, Balto
8. Full Name of Father, Jake Wilhelm
9. Father's Occupation Goldbeater
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Disinhofer

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 0 0 0 2 5 1 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1235.]

RETURN OF A BIRTH. A-91812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* April 29th 1895
4. *Place of Birth, (Street and Number)* 858 Pine St
5. *Full Name of Mother,* Annie Samuels
6. *Mother's Maiden Name,* Annie Johnston
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Arthur Samuels
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, K. St. Alle, M.D. Dr. McKay

Address, Hospital & Good Samaritan.

Remarks, Hopman & McCulloh St.

8 7 8 0 0 0 2 5 1 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as he can be ascertained the following particulars, viz: the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the birth to the Commissioner or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A-91813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 29-98
4. Place of Birth, (Street and Number) 1911 Fairmount Ave
5. Full Name of Mother, Mary V. Donohue
6. Mother's Maiden Name, " " Donaldson
7. Mother's Birthplace, New York
8. Full Name of Father, Louis D. Donohue
9. Father's Occupation Can maker
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 2030 N Washington st

Remarks,

8980002519

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Child born alive, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A-91814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 29 1898
4. *Place of Birth, (Street and Number)*	2402 Hudson St.
5. *Full Name of Mother,*	Barbara Lay
6. *Mother's Maiden Name,*	Barbara Creamer
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Jacob Lay
9. *Father's Occupation*	Foreman
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary L. Swayne
Address,	827 S. Canton Av.
Remarks,	

8 9 8 0 0 0 2 5 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29 1898.
4. *Place of Birth, (Street and Number)* No. 1801 Hanford ave.
5. *Full Name of Mother,* Catherine M. Dade.
6. *Mother's Maiden Name,* Catherine M. Gavel.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Russell M. Dade.
9. *Father's Occupation* Collector
10. *Father's Birthplace,* England.

Name of Medical Attendant, or other person who makes this Return, Rue A. Elsewell M.D.

Address, 1741 Hanford ave.

Remarks,

8 9 8 0 0 0 2 5 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29/98
4. Place of Birth, (Street and Number) No 444 N Fort Ave
5. Full Name of Mother, Anna Dickens
6. Mother's Maiden Name, Dugan
7. Mother's Birthplace, England
8. Full Name of Father, Chas. Dickens
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross.

Address, 1907 E Monument St.

Remarks,

8980002522

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 22-91817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, April the 29 1878
4. Place of Birth, (Street and Number) 315 Lower St
5. Full Name of Mother, Annie Tubman
6. Mother's Maiden Name, Annie Seal
7. Mother's Birthplace, Cleveland Ohio
8. Full Name of Father, Charles Tubman
9. Father's Occupation Farming
10. Father's Birthplace, Charles County md

Name of Medical Attendant, or other person who makes this Return, Sarah Tubman

Address, 2 York St

Remarks,

8980002523

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the children born, the full name of each child, if any name is given, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the physician or practitioner of midwifery, or should no other person be in attendance at the birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30 1898
4. Place of Birth, (Street and Number) 1226 Light St
5. Full Name of Mother, Katie E Mitchell
6. Mother's Maiden Name, Mc Swithy
7. Mother's Birthplace, Balto
8. Full Name of Father, Walter E Mitchell
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 1341 Fort ave

Remarks,

8 7 8 0 0 0 2 5 2 4

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 91819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 329 Eulaw Court Baltimore city
4. Place of Birth, (Street and Number) April 30th, 1898
5. Full Name of Mother, Mammie Rambler
6. Mother's Maiden Name, Mammie Chase
7. Mother's Birthplace, Easton Shore Maryland
8. Full Name of Father, William Rambler
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, J Maryanne Mason

Address, 537 Walnut Valley Baltimore Md

Remarks, None

B 78 U 002525

Wm. J. C. Dulany Co., City Printers and Stationers.

The Health Commissioner shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 91820

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 9
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 30th April 1898
4. *Place of Birth, (Street and Number)*	No 1503 E. Eager St
5. *Full Name of Mother,*	Sarah Murphy
6. *Mother's Maiden Name,*	Sarah McClane
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Murphy
9. *Father's Occupation,*	Stable Boss
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Eli Lauer
Address,	No 1054 Stanford Ave
Remarks,	Bal Md 1898

Wm. J. C. Dulany Co., City Printers and Stationers.

8980002526

RETURN OF A BIRTH. 91821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Born
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 30 of April 1898
4. Place of Birth, (Street and Number) 1838 E Eager St
5. Full Name of Mother, Sarah Murphy
6. Mother's Maiden Name, Sarah McKelvin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Murphy
9. Father's Occupation, Stable Boss
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Wm. C. Lauer
Address, No. 1059 Stanford Ave
Remarks, Bal. Md
1898

8980002527

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 1st 30 '98

4. Place of Birth, (Street and Number) 618 N Carolina St

5. Full Name of Mother, Alice Lentz Mode

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto Md

8. Full Name of Father, John Lentz

9. Father's Occupation Painter

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Baker St

Remarks,

8 7 8 U 0 0 2 5 2 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 91823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 30 '98
4. *Place of Birth, (Street and Number)* Barbara Wagner
5. *Full Name of Mother,* " Stanker
6. *Mother's Maiden Name,* 225 N Wolf St
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Geo Wagner
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1656 Walker St

Remarks,

8 9 8 U 0 0 2 5 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. _____

(1) PLACE OF BIRTH

CITY OF BALTIMORE (No. 1360 W. North Ave St. ; 13 Ward)

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed

2. Full name of child Walter Lee Mullineaux

3. Sex Male | If plural births { 4. Twin, triplet or other X / 5. Number, in order of birth } | 6. Premature Full term X | 7. Legitimate? yes | 8. Date of birth April 30 1905 (Month, day, year)

FATHER

9. Full name Walter P Mullineaux

10. Residence (usual place of abode) (If nonresident, give place and State) 1360 W. North Ave

11. Color or race White | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Anne Arundle Co. Md (State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Trolley Car

16. Date (month and year) last engaged in this work _____, 1922

17. Total time (years) spent in this work 3 yrs

MOTHER

18. Full maiden name Sallie A Parsons

19. Residence (usual place of abode) (If nonresident, give place and State) 1360 W. North Ave

20. Color or race White | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) Baltimore Co. Md (State or country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19__

26. Total time (years) spent in this work Lifetime

27. Number of children of this mother (At time of this birth and including this child) 1 | (a) Born alive and now living 1 | (b) Born alive but now dead _____ | (c) Stillborn _____ { Before labor _____ / During labor _____

28. If stillborn, period of gestation _____ { months / or weeks

29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at about 3 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edwin K. Ballard, M. D.

or _____, Midwife

Address 1612 Mt Royal Ave

Given name added from a supplemental report _____ (Date) _____ Registrar.

Filed _____, 19__ Registrar.

* 855 Park Ave at time of this birth

FORM 1236]

RETURN OF A BIRTH. 91824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Apr. 30 / 98
4. Place of Birth, (Street and Number)	1360 W. North Ave
5. Full Name of Mother,	Sallie Mullineaux
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	W. P. Mullineaux
9. Father's Occupation	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	E. K. Ballard M.D.
Address,	
Remarks,	

8980002531

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth; and the full name and occupation of the father in the form of a certificate the birth of any child been conferred) its sex, color, the full name by the practitioner of Health. In case no other person be in said schedule shall be delivered, duly signed by the Commissioner of midwifery, or should on or parents of such third day of each and every month to the office of the Commissioner of the duty of the period above required, and shall occur without the mother, immediately thereafter it shall become and within the period section shall be sub- attendance of a physician or practioner and within the provisions of this section shall be sub- attendance upon the mother, Commissioner of this section and for fail to comply with the penalties are recoverable. child to report its birth to the who shall hereafter fail to comply with the other fines and for- any such person or persons to be recovered as other offence, to be recovered as other fines and for- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and for- feitures are recoverable.

236.]

RETURN OF A BIRTH. No. 91825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6. child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born April 30/98
4. *Place of Birth, (Street and Number)*	# 343 Bouton St
5. *Full Name of Mother,*	Mrs Augusta Schweinert
6. *Mother's Maiden Name,*	Mrs W. Schweinert
7. *Mother's Birthplace,*	Bayern Germany
8. *Full Name of Father,*	John Stefan
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Keller
Address,	# 2021 N. Henry St
Remarks,	

8980002532

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 3rd April 1898
4. Place of Birth, (Street and Number) 1247 Riverside Ave
5. Full Name of Mother, Charlotte Measkie Jeffries
6. Mother's Maiden Name,
7. Mother's Birthplace, West Liberty Ohio
8. Full Name of Father, Albert Jeffries
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabetta Gerrold

Address, 65 O E First Ave

Remarks,

8760002533

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Midwife or Physician shall write the name and residence of the parents, the date and place of birth, and the sex of each child born in his or her practice, and shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, on the blank form of a certificate between the first and third days of each month, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 20, 1898
4. *Place of Birth, (Street and Number)*	1 Palmer, Upper and St 265
5. *Full Name of Mother,*	Bella L Pelka
6. *Mother's Maiden Name,*	Bella L Dorsey
7. *Mother's Birthplace,*	Baltimore County Maryland
8. *Full Name of Father,*	Thomas L Pelka
9. *Father's Occupation*	Steel Paver
10. *Father's Birthplace,*	Carroll County Maryland
Name of Medical Attendant, or other person who makes this Return,	Maartha Griffin
Address,	2425 Eagle Road City
Remarks,	

8 Y 8 U 0 0 2 5 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 91828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 30 April 1898.
4. *Place of Birth, (Street and Number)* 1725 Clive st.
5. *Full Name of Mother,* Marie Liering
6. *Mother's Maiden Name,* " Fries
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Otto Liering
9. *Father's Occupation* Laboer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. Mysan

Address, 1331 Hillen st. Balt.

Remarks,

0 7 8 0 0 0 2 5 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...practitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or should no other person be in ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or practi... attendance upon the mother, immediately thereafter it shall ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 30th 1898

4. *Place of Birth, (Street and Number)* # 921 E. Hoffman St.

5. *Full Name of Mother,* Martha Blanche V. Bozman

6. *Mother's Maiden Name,* Mayhew

7. *Mother's Birthplace,* John Blanchet

8. *Full Name of Father,* R. R. Hand

9. *Father's Occupation* Maryland.

10. *Father's Birthplace,* R. R. Howard Co.

Name of Medical Attendant, or other person who makes this Return, 520 Ellis Road

Address,

Remarks,

8 2 6 0 0 0 2 5 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[236]

RETURN OF A BIRTH. A. 91830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 ct.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 30-98.
4. *Place of Birth, (Street and Number)*	1107 Eutaw str.
5. *Full Name of Mother,*	Christine Nappel
6. *Mother's Maiden Name,*	C. Koestner
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Ernst M. Nappel
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Charles H. A. Meyerth. D.
Address,	1033 N. Caroline str.
Remarks,	

8 9 8 0 0 0 2 5 3 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 30th 1898.
4. *Place of Birth, (Street and Number)* 1833 N. Chester st.
5. *Full Name of Mother,* Sarah F. Bodein
6. *Mother's Maiden Name,* " " Beever
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Henry Bodein
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby M.D.

Address, 1219 N. Caroline st.

Remarks,

8780002538

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-2-55

RETURN OF A BIRTH. B 91832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Lillian Cunningham

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 30 1895
4. *Place of Birth, (Street and Number)* 1526 E. Monument St
5. *Full Name of Mother,* Mary E. Cunningham
6. *Mother's Maiden Name,* Mary E Conrad
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William E. Cunningham
9. *Father's Occupation* Soap Maker
10. *Father's Birthplace,* Ohio

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

8 9 8 0 0 0 2 5 3 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

If the child be born alive, the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the sex, color

RETURN OF A BIRTH 91833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30th april 1898
4. *Place of Birth, (Street and Number)* 28 N. Appleton St
5. *Full Name of Mother,* Catherine Weinbotter
6. *Mother's Maiden Name,* " Armend
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernard Weinbotter
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 No Appleton St

Remarks,

1898000-540

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. D. 91834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30 April 1898
4. *Place of Birth, (Street and Number)* 1210 E. Madison St
5. *Full Name of Mother,* Maggie Winn
6. *Mother's Maiden Name,* Dotterweich
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* [illegible] as Winn
9. *Father's Occupation* Hatter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullig

Address, 1302 E Lexington St

Remarks,

8980002541

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-3-60

RETURN OF A BIRTH. A 91835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hazel Reid ——— Greenwood

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4/98
4. Place of Birth, (Street and Number) 1317 N. Eden st
5. Full Name of Mother, Mary Greenwood
6. Mother's Maiden Name, Reid
7. Mother's Birthplace, Balto
8. Full Name of Father, Harry Greenwood
9. Father's Occupation C.V.B.C. Inspector
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Baltimore st

Remarks,

6980002542

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 5. And be it further enacted, That the certificate of birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)	
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 5th 1898
4. *Place of Birth, (Street and Number)*	19 N Lee st
5. *Full Name of Mother,*	Millie Lean
6. *Mother's Maiden Name,*	Millie Jones
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	James Lean Jr
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Henry H Jones MD
Address,	622 Hanover st
Remarks,	

8 7 8 U 0 0 2 5 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...and occupation of his parents, the date and place of birth, and the ...by the practitioner in the forms of a certificate between the first and ...office of the Commissioner of Health. In case the birth of any child ...sician or practitioner of midwifery, or should no other person be in ...hereafter it shall become the duty of the person or parents of such ...of Health, in the manner and within the period above required, and ...fail to comply with the provisions of this section shall be sub- ...offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 11 / 1898

4. Place of Birth, (Street and Number) 1520 Bordoy st Baltimore md.

5. Full Name of Mother, Massie Hendricks

6. Mother's Maiden Name, Massie Hill

7. Mother's Birthplace, north carlina

8. Full Name of Father, Presley Hendricks

9. Father's Occupation X

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Dr G.W. Kenard

Address, Mary Howard 913 Park ave. Baltimore md.

Remarks,

8 7 8 0 0 0 2 5 4 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 91838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 7/98

4. Place of Birth, (Street and Number) 1827 Pollitson Pk Ave

5. Full Name of Mother, Isabella P Diggs

6. Mother's Maiden Name, Wright

7. Mother's Birthplace, Balto

8. Full Name of Father, Hample Diggs

9. Father's Occupation clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. B Billingslea

Address, 1206 E. Preston St

Remarks,

8 7 8 U 0 0 2 5 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. A 91839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Saturday April 16th, 1898.
4. *Place of Birth, (Street and Number)*	Maryland Lying-in Hospital
5. *Full Name of Mother,*	Matilda W. Wyse Murray.
6. *Mother's Maiden Name,*	Matilda W. Wyse.
7. *Mother's Birthplace,*	Baltimore Co. Md.
8. *Full Name of Father,*	James D. Murray.
9. *Father's Occupation*	Lawyer
10. *Father's Birthplace,*	Annapolis Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Benson, M.D.
Address,	S.W. Cor. Calvert & Preston Sts.
Remarks,	

8 7 8 0 0 0 2 5 4 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 16/98
4. Place of Birth, (Street and Number) 411 Stout
5. Full Name of Mother, Fannie Sanders
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Sanders
9. Father's Occupation, oyster diver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Broom St

Remarks,

8 7 8 U 0 0 2 5 4 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 18/98
4. *Place of Birth, (Street and Number)*	2008 E. Federal
5. *Full Name of Mother,*	Amanda Hilty
6. *Mother's Maiden Name,*	Gibbons
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thomas Hilty
9. *Father's Occupation*	laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	W. B. Billingslea
Address,	1206 E. Preston St
Remarks,	

8 9 8 U 0 0 2 5 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 21. 1898
4. *Place of Birth, (Street and Number)* 908 W. Fayette St.
5. *Full Name of Mother,* Margaret Agilar Leight Pable.
6. *Mother's Maiden Name,* Portsmouth Va.
7. *Mother's Birthplace,* Williams Louis Leight
8. *Full Name of Father,* Transportation Clerk.
9. *Father's Occupation* Portsmouth Va.
10. *Father's Birthplace,* J. V. Downs, M. D.

Name of Medical Attendant, or other person who makes this Return. 908 W. Fayette St.

Address,

Remarks,

8 7 8 0 0 0 2 5 4 9

Wm. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the number of the child if born alive at a birth, or between the first and second births, in the form of a certificate to be furnished by the practitioner in charge, or by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in charge, or by the Commissioner of Health, at the office of the Commissioner of Health, and every month to the Commissioner of Health, or practitioner in charge, a schedule of births, or should no other person be in third day of each and the attendance of a physician or practitioner it shall become the duty of the person or parents of such shall occur without the mother, immediately after the period above required, and attendance upon the mother, and within the period above required, in the manner Child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

RETURN OF A BIRTH. A 91843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 21/98

4. Place of Birth, (Street and Number) 738 W. London St

5. Full Name of Mother, Matilda Ondamon

6. Mother's Maiden Name, Nemeth

7. Mother's Birthplace, Richmond Va.

8. Full Name of Father, Henry Ondamon

9. Father's Occupation Baker

10. Father's Birthplace, Frederick Co Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E Preston St

Remarks,

8980002550

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 918444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 22nd 1898

4. Place of Birth, (Street and Number) 2035 Frederick Ave

5. Full Name of Mother, Maryan Mader

6. Mother's Maiden Name,

7. Mother's Birthplace, Poland

8. Full Name of Father, John Mader

9. Father's Occupation Watchmaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. D 91845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Female Child
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* April 25 1898
4. *Place of Birth, (Street and Number)* 558 Lanvale ave
5. *Full Name of Mother,* Teresa Schroeder
6. *Mother's Maiden Name,* Teresa Wagner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Schroeder
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Geo. Paul Willard

Address, Same

Remarks,

8 9 8 0 0 0 2 5 5 2

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RETURN OF A BIRTH. A 91846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	N° 5
1. *Sex, (state whether ~~male~~ or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 2nd 1898
4. *Place of Birth, (Street and Number)*	508 Jefferson St.
5. *Full Name of Mother,*	Annie Geschle
6. *Mother's Maiden Name,*	Shipley
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Chas C Geschle
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Margaret Hinkel
Address,	1455 Cary St
Remarks,	

8 9 8 0 0 0 2 5 5 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH. A. 91847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 4/98
4. *Place of Birth, (Street and Number)*	1530 Orleans St.
5. *Full Name of Mother,*	Catherine Hubbel
6. *Mother's Maiden Name,*	Simpson
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Charles H Hubbel
9. *Father's Occupation*	Dentist
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	S. H. Seldner M. D.
Address,	1531 E. Eager St
Remarks,	

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been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* Apr. 4th — 98
5. *Full Name of Mother,* Annie Schaffer
6. *Mother's Maiden Name,* Annie Brown
7. *Mother's Birthplace,* Glyndon Balto Co
8. *Full Name of Father,* Nicolai Schaffer
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, A. J. Bannon

Address, 1641 Pa Ave

Remarks, for Dr Chandlee, N. W.

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RETURN OF A BIRTH A. 91849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5 - 1898
4. Place of Birth, (Street and Number) 421 Broad Av.
5. Full Name of Mother, Maria Cornelious Bowers
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Harry M. Bowers
9. Father's Occupation Laborer
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, W B Berry, M.D.

Address, 700 E. Chase St.

Remarks,

8 7 8 0 0 0 2 5 5 6

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91850

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 5th 1898
4. *Place of Birth, (Street and Number)* Baltimore 128 Crendall st
5. *Full Name of Mother* Mary Schumann
6. *Mother's Maiden Name* Mary Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Conrad Schumann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lowman

Address 161 E Randall st

Remarks healthy

8480002557

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH A. 91851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 6/98

4. Place of Birth, (Street and Number) 2424 Fosler Ave

5. Full Name of Mother, Matilda M. ~~Dunn~~ Dunn

6. Mother's Maiden Name, Dunn

7. Mother's Birthplace, Balto

8. Full Name of Father, George M. Dunn

9. Father's Occupation Engineer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. H. Feldman M.D.

Address, 1511 S Eager St

Remarks,

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Apr 6 1898
4. Place of Birth, (Street and Number) 117 Brighton St
5. Full Name of Mother, Ida Jones
6. Mother's Maiden Name, Ida Bernard
7. Mother's Birthplace, Easton, Md
8. Full Name of Father, Henry Jones
9. Father's Occupation Laborer
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, J. H. Nelson

Address, 2316 Druid Hill Ave

Remarks, Women's Medical College

Dr. Mrs 3 6 0 0 2 5 5 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. A. 91853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7/98.
4. Place of Birth, (Street and Number) 225 N. Bond St.
5. Full Name of Mother, Emma E Cushing
6. Mother's Maiden Name, Schonmut
7. Mother's Birthplace, Balto
8. Full Name of Father, Robt E. Lee Cushing
9. Father's Occupation Boiler maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S W Seldner M.D.

Address, 1501 E Eager St

Remarks,

3980002560

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. A. 91854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 of 7
1. *Sex, (state whether ~~male~~ or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 8th 1898
4. *Place of Birth, (Street and Number)*	505 Madison St Waverly
5. *Full Name of Mother,*	May Jones
6. *Mother's Maiden Name,*	" McCreary
7. *Mother's Birthplace,*	Washington D C.
8. *Full Name of Father,*	Darlington H Jones
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace,*	Harford Co Md
Name of Medical Attendant, or other person who makes this Return,	Margaret Kunkel
Address,	" 1455 Carey St
Remarks,	

3980002561

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 9 1898
4. *Place of Birth, (Street and Number)* 1008 E. Fayette St
5. *Full Name of Mother,* Annie Feather
6. *Mother's Maiden Name,* Grushky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lyman Feather
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rose Finelle & Co

Address, 25 S Lloyd St

Remarks,

3 9 8 0 0 0 2 5 6 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH. A. 91856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 10/98.
4. *Place of Birth, (Street and Number)*	917 N. Bond St
5. *Full Name of Mother,*	Olga Stalmfeld.
6. *Mother's Maiden Name,*	Borlune
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Ernst H Stalmfeld
9. *Father's Occupation*	Jeweler
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	J W Isdner M.D.
Address,	1501 E. Eager St
Remarks,	

3980002563

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RETURN OF A BIRTH A 91857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th day of April 1898
4. Place of Birth, (Street and Number) 1240 Bf West Fayette St Balto Md
5. Full Name of Mother, Mary Agnes Hutchinson
6. Mother's Maiden Name, Mary Agnes Johnson
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Howard Otis Hutchinson
9. Father's Occupation Locomotive Fireman
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, M. A. Talley

Address, 1004 N. Dr. Le Fayette St.

Remarks,

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. A. 91858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twelfth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 18/98
4. *Place of Birth, (Street and Number)*	1337 Valley St.
5. *Full Name of Mother,*	Catherine Ackerman
6. *Mother's Maiden Name,*	Ramming
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Julius Ackerman
9. *Father's Occupation*	Police Officer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	S. H. Kluver M.D.
Address,	1501 S. Eager St
Remarks,	0780002565

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. A. 91889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirteenth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 18/98

4. Place of Birth, (Street and Number) 1337 Valley St

5. Full Name of Mother, Catherine Ackerman

6. Mother's Maiden Name, Ramming

7. Mother's Birthplace, Balto

8. Full Name of Father, Julius Ackerman

9. Father's Occupation Police Officer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. W. Seldner M.D.

Address, 1501 E. Eager St

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 1898

4. Place of Birth, (Street and Number) 905 E Pratt St

5. Full Name of Mother, Ida Isaacson

6. Mother's Maiden Name, Yasselson

7. Mother's Birthplace, Russia

8. Full Name of Father, Jac Isaacson

9. Father's Occupation Store - keeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rose Finberg

Address, 21 S Lloyd St

Remarks,

8 7 8 U 0 0 2 5 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall cause to be delivered to the practitioner in the form of a certificate between the first and second visit, a blank form of certificate, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by

RETURN OF A BIRTH A. 91861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Mary Helen Peters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* ~~April 18th 1898~~
3. *Date of Birth,* Monday April 18. '98.
4. *Place of Birth, (Street and Number)* # 1039 [redacted] Forest Place
5. *Full Name of Mother,* Mrs. J. George Peters
6. *Mother's Maiden Name,* Agnes L. Peters
7. *Mother's Birthplace,* Beaver Dam [redacted] Balt. Co. Md.
8. *Full Name of Father,* J. George Peters
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Wooden

Address,

Remarks,

8980002568

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* April 19 1898
4. *Place of Birth, (Street and Number)* 803 Remington ave
5. *Full Name of Mother,* Martha Jones
6. *Mother's Maiden Name,* Martha Wilker
7. *Mother's Birthplace,* Dinwiddie Co Virginia
8. *Full Name of Father,* William Henry Jones
9. *Father's Occupation,* Gurlmon
10. *Father's Birthplace,* Dinwiddie Co Virginia

Name of Medical Attendant, or other person who makes this Return, Annie Sampson

Address, 825 Remington ave

Remarks,

8 9 8 0 0 0 2 5 6 9

Wm J C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 20 1898
4. *Place of Birth, (Street and Number)*	1115 N Canal st
5. *Full Name of Mother,*	Barbara Baker
6. *Mother's Maiden Name,*	Flaherty
7. *Mother's Birthplace,*	Baltd
8. *Full Name of Father,*	Harry Baker
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	St Marys co Md
Name of Medical Attendant, or other person who makes this Return,	J H Sellman M.D.
Address,	501 S Eager St
Remarks,	

8980002570

Wm. J. C. Dulany Co,. City Printers and Stationers.

CERTIFICATE AMENDED - 8/31/11

RETURN OF A BIRTH A. 91864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HATTIE COHEN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 21st 1898
4. Place of Birth, (Street and Number) 18 S. High st.
5. Full Name of Mother, Leah ~~Cohen~~ COHEN
6. Mother's Maiden Name, Richter
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris ~~Cohen~~ COHEN
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Bernstein

Address, 122 S. Exeter st.

Remarks, FILED: 1898

8980002571

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 21 April

4. *Place of Birth, (Street and Number)* 607 Lott St Wst

5. *Full Name of Mother,* Maggie McCauley

6. *Mother's Maiden Name,* Maggie McDonnell

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* William McCauley

9. *Father's Occupation* Finisher

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Margaret Dunkle

Address, 1465 Gold St

Remarks, none

8 7 8 0 0 0 2 5 7 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A. 91866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 22nd 1898
4. *Place of Birth, (Street and Number)* 307 N. Exeter St.
5. *Full Name of Mother,* Mary Rubin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Morris Rubin
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. A. 91867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22 1898
4. Place of Birth, (Street and Number) 731 Baker St
5. Full Name of Mother, Mary Cecilia Amend
6. Mother's Maiden Name, Mary C Hillmayer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Louis Amend
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Mrs Mary A Shakney
731 Cumberland

1898 00 02574

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four children

1. Sex, (state whether male or female) male child

2. Race or Color, (if not of the white race) color race

3. Date of Birth, Sidyaple 2 2 ft

4. Place of Birth, (Street and Number) 1410 Calvert St

5. Full Name of Mother, Martha Cornish

6. Mother's Maiden Name, Martha Lindenburg

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Jamish James Cornish

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, grace Davis

Address, 8 12 Stockholm St

Remarks, Baltimore Md 1898

8 7 8 U 0 0 0 2 5 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 —

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 26 1898

4. Place of Birth, (Street and Number) 123 Pearl St.

5. Full Name of Mother, Venie Smith Herold

6. Mother's Maiden Name, Venie Smith

7. Mother's Birthplace, Balto City

8. Full Name of Father, Christian Herold

9. Father's Occupation Printer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Cora Belle Brumbaugh

Address, 1027 Madison ave

Remarks,

8 9 8 U 0 0 2 5 7 6

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 27 1898
4. *Place of Birth, (Street and Number)* 921 E Lombard st
5. *Full Name of Mother,* Fannie Lewis
6. *Mother's Maiden Name,* Gelman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* John Lewis
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 21 S Lloyd st

Remarks,

8980002577

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after such birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8/10/70

NAME OF CHILD - MAURICE SILVERMAN

RETURN OF A BIRTH A 91871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) ~~Male~~ MALE ~~MAURICE SILVERMAN~~
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 28 1898
4. Place of Birth, (Street and Number) 1426 E Lexington st
5. Full Name of Mother, Lena Silverman
6. Mother's Maiden Name, Goodkind
7. Mother's Birthplace, Russia
8. Full Name of Father, Israel Silverman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkelberg

Address, 25 Lloyd St

Remarks,

8 9 8 0 0 0 2 5 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-31-59

A 91872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Magdalene Austin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First or Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 April 1896

4. Place of Birth, (Street and Number) 1331 Sargeant St.

5. Full Name of Mother, Elizabeth Austin

6. Mother's Maiden Name, Kirkley

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, George H. Austin

9. Father's Occupation Paper Hanger

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bunger

Address, 741 N. Broadway

Remarks,

8780002579

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child in attendance upon the mother, immediately on the occurrence of such birth, should no other person be child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 29. 1898. 2.30 A. M.
4. Place of Birth, (Street and Number) 2416 N. Charles St
5. Full Name of Mother, Francis G. Meagher
6. Mother's Maiden Name, Blair
7. Mother's Birthplace, Md.
8. Full Name of Father, Geo. N. Meagher
9. Father's Occupation Street Car Conductor
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave.

Remarks, Mrs. Mary A. Jones; 525 N. Mount St Nurse - delivered before arrival of doctor

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29 1898
4. Place of Birth, (Street and Number) 37 Little Front St
5. Full Name of Mother, Ollie Freidman
6. Mother's Maiden Name, Scherman
7. Mother's Birthplace, Russia
8. Full Name of Father, Hyman Freidman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finselberg

Address, 24 Lloyd St

Remarks,

8980002581

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such other information as may be required by the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. A 91875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	~~Ital~~ White
3. *Date of Birth,*	April 9th 1898
4. *Place of Birth, (Street and Number)*	1215 E. Oliver St
5. *Full Name of Mother,*	Theresa Gloria
6. *Mother's Maiden Name,*	Theresa Cotta
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Frank Gloria
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Jefferis Busk
Address,	1051 Augusta St
Remarks,	

8 9 8 U 0 0 2 5 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Notice is hereby given that the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the name conferred, if any, shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name conferred, if any, shall have been conferred by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Esther Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 23rd 40
4. Place of Birth, (Street and Number) 2111 Oak St.
5. Full Name of Mother, Virginia Edwina
6. Mother's Maiden Name, [illegible] Edmonston
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm Edwin
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. W. Russell

Address, 1415 Eutaw Place.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

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A 91887

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 91877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fluid
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 28th 1898
4. *Place of Birth, (Street and Number)*	1701 E. Federal St.
5. *Full Name of Mother,*	Louise Fiuman
6. *Mother's Maiden Name,*	Louise Feige
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph T. Fiuman
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Jeffries Bue St
Address,	1051 Augusta
Remarks,	

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Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 91818

GIVEN NAME ADDED 12-7-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Sarah Louise ~~Brannan~~ Brannan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15th 1898
4. Place of Birth, (Street and Number) 625 N. Mount St.
5. Full Name of Mother, Ella Brannan
6. Mother's Maiden Name, Simmons
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Emory Brannan
9. Father's Occupation, marble & stone dealer
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 N. Carrollton Ave

Remarks,

8980002585

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 91879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 28th 1878
4. Place of Birth, (Street and Number) West Kent Co, Maryland
5. Full Name of Mother, Kate B. Townsend
6. Mother's Maiden Name, Kate B. Townsend
7. Mother's Birthplace, Prince George's Co Maryland
8. Full Name of Father, Samuel K. Mouse
9. Father's Occupation Property Agent
10. Father's Birthplace, Prince George's County Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 N. Grove St

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 22nd 1898
4. Place of Birth, (Street and Number) 12th St. near Woodbourne Ave Woodb
5. Full Name of Mother, Carrie Mary Dixon
6. Mother's Maiden Name, C. M. Welsh
7. Mother's Birthplace, Maryland
8. Full Name of Father, Oakley Marriott Dixon
9. Father's Occupation Dental Supplies
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. Bozeman M.D.

Address, 3060 Wilkens ave.

Remarks,

8 9 8 0 0 0 2 5 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 24th 1898.

4. Place of Birth, (Street and Number) Eaton Ave.

5. Full Name of Mother, Lumford Lee Bartlett

6. Mother's Maiden Name, Gibson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John L. Bartlett

9. Father's Occupation Iron Founder

10. Father's Birthplace, Balto. City Maryland

Name of Medical Attendant, or other person who makes this Return, Dr Hartzell

Address, 815 Jefferson Ave.

Remarks,

8 9 8 U 0 0 2 5 8 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	May 24th 1898
4. *Place of Birth, (Street and Number)*	1210 St. Paul St.
5. *Full Name of Mother,*	Cora Mildred Zimmerman
6. *Mother's Maiden Name,*	C. M. Dowdy
7. *Mother's Birthplace,*	Ontario Canada
8. *Full Name of Father,*	Julius E. Zimmerman
9. *Father's Occupation*	Manager Sanitary Goods (Merchant)
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	Dr. Zell M. D.
Address,	3050 North Ave
Remarks,	

8 9 8 U 0 0 2 5 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 27th 1898.

4. Place of Birth, (Street and Number) 308 Eleventh St.

5. Full Name of Mother, Emma Leslie

6. Mother's Maiden Name, Holmes

7. Mother's Birthplace, Maryland

8. Full Name of Father, George E. Leslie

9. Father's Occupation, Cigar Packer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, D. S. Hartzell

Address, 815 S. Eutaw Ave.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH A 91884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 31 98.
4. Place of Birth, (Street and Number) 1935 Christian str.
5. Full Name of Mother, Augusta Muth
6. Mother's Maiden Name, Augusta Philipp
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Muth
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Hayes M. D.

Address, 1033 N. Caroline str.

Remarks,

8980002591

been committed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	May 1st 1898
4. *Place of Birth, (Street and Number)*	1122 Low St.
5. *Full Name of Mother,*	Mrs. Annie Rockes.
6. *Mother's Maiden Name,*	Annie Brown
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	John Rockes
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return,	G. M. Leitinger M.D.
Address,	
Remarks,	

8 7 8 U 0 0 2 5 9 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

A 41886 Vol 16 fol 209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth.*	May 2/98
4. *Place of Birth, (Street and Number)*	222 E. Barney
5. *Full Name of Mother,*	Mary R. Resnick
6. *Mother's Maiden Name,*	Rascal
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Wm. D. Resnick
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return.	N. E. Knight M.D.
Address,	523 South St.
Remarks.	

Resnick

8480002593

Wm. J. C. Dulany Co., City Printers and Stationers.

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

a9188 Vol 16 f. 204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	14th May 1898.
4. Place of Birth, (Street and Number)	303 S. Duncan alley Baltimore md.
5. Full Name of Mother,	Katie Palmer
6. Mother's Maiden Name,	Katie Anderson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles E. Palmer
9. Father's Occupation,	Driving
10. Father's Birthplace,	Eastern Shore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary E. Causey
Address,	607 N Bradford Alley.
Remarks,	Very small baby

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

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RETURN OF A BIRTH. A 9/1888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, May 27 1875
4. *Place of Birth*, (Street and Number) 1[illegible] N. Franklin St.
5. *Full Name of Mother*, Ida E. Brown
6. *Mother's Maiden Name*, Hardesty
7. *Mother's Birthplace*, Baltimore Md.
8. *Full Name of Father*, Alex. Brown
9. *Father's Occupation*, Waterman
10. *Father's Birthplace*, Annapolis Md.

Name of Medical Attendant, or other person who makes this Return. H. E. Cornman Mary Preston

Address,

Remarks,

8 7 8 0 0 0 2 5 9 5

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 5, 1895

4. Place of Birth, (Street and Number) 1431 E. Federal St.

5. Full Name of Mother, Alice T. Guier

6. Mother's Maiden Name, " Loud

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Thos. Mauck Guier

9. Father's Occupation Lawyer

10. Father's Birthplace, Penn.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 E. Eager St.

Remarks,

8 7 8 0 0 0 2 5 9 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth. And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* April 6, 1898.
4. *Place of Birth, (Street and Number)* No. 10, South High St.
5. *Full Name of Mother,* Annie Feldman
6. *Mother's Maiden Name,* Annie Katzen
7. *Mother's Birthplace,* Born in Russia
8. *Full Name of Father,* Frank Feldman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Born in Russia

Name of Medical Attendant, or other person who makes this Return, Birdie Katzen

Address, 112, Granby St.

Remarks,

8 9 8 U 0 0 2 5 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

If the child be born alive, the full name and occupation of its parents, the date and place of birth; and the sex, color, &c., of its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9. 1898
4. Place of Birth, (Street and Number) 1109 N. Central Ave.
5. Full Name of Mother, Fanny Gertrude Fleischmann
6. Mother's Maiden Name, " " Frisch
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Theodor August Fleischmann
9. Father's Occupation Clothing Cutter
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Carolina St.

Remarks,

8980002598

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every birth occurring within the city of Baltimore shall be reported to the Commissioner of Health within ten days after the occurrence thereof, with such particulars as may be required by the Commissioner of Health, by the physician in attendance upon the mother, or in case there shall be no physician in attendance, then by the midwife, nurse, father, mother, householder or owner of the premises where the birth occurred, within ten days after the occurrence thereof. Every person who shall have been entered in the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 10th - 1898
4. Place of Birth, (Street and Number) 207 Maryland ave. Westport. Balto. Co.
5. Full Name of Mother, Amelia. Carter.
6. Mother's Maiden Name, Amelia Lauer.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Staten Island. Carter.
9. Father's Occupation Glass. Blower.
10. Father's Birthplace, Millville New Jersey.

Name of Medical Attendant, or other person who makes this Return, Mrs. Barge

Address, 711 St Cross St

Remarks,

8 9 8 U 0 0 2 5 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th April 1898
4. Place of Birth, (Street and Number) Westport 13th District Baltimore County
5. Full Name of Mother, ~~Jennie~~ Jane Augusta Kirby
6. Mother's Maiden Name, Jane Augusta Stubbins
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Francis J. Kirby
9. Father's Occupation Foreman
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 S. Broad St

Remarks,

8 9 8 0 0 0 2 6 0 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. A 91894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12/98
4. Place of Birth, (Street and Number) 713 W Baltimore St
5. Full Name of Mother, Amelia Archer
6. Mother's Maiden Name, " Cooper
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm E Archer
9. Father's Occupation Driver
10. Father's Birthplace, Cumberland Md

Name of Medical Attendant, or other person who makes this Return, Thos McLumpsin MD

Address, 607 S Paca St

Remarks,

8 4 8 0 0 0 2 6 0 1

The Name of each child born alive in the City of Baltimore, or found therein exposed, if any, shall be entered in a book to be kept for that purpose, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 15 1895
4. *Place of Birth, (Street and Number)* 111 N. Bond St.
5. *Full Name of Mother,* Mary Magt. Young
6. *Mother's Maiden Name,* " Hall
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Joseph John Young
9. *Father's Occupation* Tinner, Tailor
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Jno A. Hartman M.D.

Address, 112 N Eutaw St

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8780002602

RETURN OF A BIRTH. 91896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 1. 1898

4. Place of Birth, (Street and Number) 172 J Hopkins Ave.

5. Full Name of Mother, Hannah Gertrude Behrens

6. Mother's Maiden Name, " " Beard

7. Mother's Birthplace, Balto. md.

8. Full Name of Father, John Behrens

9. Father's Occupation Attorney at Law

10. Father's Birthplace, Balto. md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1131 N Eutaw St.

Remarks,

8 9 8 0 0 0 2 6 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

and duplicate copies thereof, as required by the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91897 A

GIVEN NAME ADDED 4/3/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mildred May Boteler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2d 1898
4. Place of Birth, (Street and Number) 607 Payson St
5. Full Name of Mother, Emma M. Botler
6. Mother's Maiden Name, Emma M. Rohrer
7. Mother's Birthplace, Balto Md
8. Full Name of Father, E. P. Botler
9. Father's Occupation Clerk in PO
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr W J Schaffhausen

Address, 1351 N. Gilmor St

Remarks, This report some how was overlooked at least I can't find my record, so send it + you can see if it has been reported

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2. 1898
4. Place of Birth, (Street and Number) 1231 E. North Ave.
5. Full Name of Mother, Mary Emma Broadbell
6. Mother's Maiden Name, " " Kirsen
7. Mother's Birthplace, Philadelphia, Pa.
8. Full Name of Father, John Edward Broadbell Jr.
9. Father's Occupation Pharmacist
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8 9 8 0 0 0 2 6 0 5

attendance upon the mother, immediately upon the birth of such child, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5te

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4th May 1899
4. *Place of Birth, (Street and Number)* 235 N. Patterson Park Ave
5. *Full Name of Mother,* Augusta Tarabetis
6. *Mother's Maiden Name,* Cohen
7. *Mother's Birthplace,* Russian
8. *Full Name of Father,* Nicholas Tarabetis
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russian

Name of Medical Attendant, or other person who makes this Return, Anna Bendetz

Address, 914 N. Patterson Park Ave

Remarks,

8980002606

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3te

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4th May 1899
4. *Place of Birth, (Street and Number)* 315 S. Patterson Ave.
5. *Full Name of Mother,* Ida Braun
6. *Mother's Maiden Name,* Frost
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Oscar Braun
9. *Father's Occupation* Brickmason
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Bendetz

Address, 914 N. Patterson Park Ave

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 9190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 8. 1895

4. Place of Birth, (Street and Number) 1046 N. Broadway

5. Full Name of Mother, Hannah Virginia Moore

6. Mother's Maiden Name, " " Bagel

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Thomas Alexander Moore

9. Father's Occupation Telegraphist

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Jos. A. Hartman M.D.

Address, 1131 N. Caroline St.

Remarks,

3980002607

Wm. J. C. Dulany Co., City Printers and Stationers.

A 91900

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3te

1. *Sex, (state whether male or female)* Weil

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 2te May 1898

4. *Place of Birth, (Street and Number)* 315 S. Eutaw Str.

5. *Full Name of Mother,* Ida Braun

6. *Mother's Maiden Name,* Feed

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Louis Braun

9. *Father's Occupation* Bäcker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. Kendall

Address, 1914 W. Pratt St

Remarks,

8980002608

Shall occur without the attendance of a physician or midwife, of which fact the certificate of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

aww

A. 91907.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, William Hartman Stevens

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9. 1898
4. *Place of Birth, (Street and Number)* 1716 E. Chase St.
5. *Full Name of Mother,* Philepina Stevens
6. *Mother's Maiden Name,* Ball
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Geo. H. Stevens
9. *Father's Occupation* Steam Electric Engineer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Jr. J. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8 9 8 U 0 0 0 2 6 0 9

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10. 1898
4. *Place of Birth, (Street and Number)* 511 N Caroline St.
5. *Full Name of Mother,* Edith May Stamm
6. *Mother's Maiden Name,* " " Stamm
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Martin Stamm
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N Caroline St.

Remarks,

8 9 8 0 0 0 2 6 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11. 1898
4. Place of Birth, (Street and Number) 1512 N Carlton St.
5. Full Name of Mother, Mary Eliz. McCaugh
6. Mother's Maiden Name, " Griggs
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Chas. McCaugh
9. Father's Occupation Book Keeper
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Jos. A. Hartman M.D.

Address, 1121 N Carlton St

Remarks,

8 7 8 0 0 0 2 6 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

over

A 91905

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: George Harry Stelter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 15th 1898

4. Place of Birth, (Street and Number) 1826 E. Eager St

5. Full Name of Mother, Elizabeth Stelter

6. Mother's Maiden Name, Elizabeth Potgeizer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Stelter

9. Father's Occupation clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Jefferis Busk

Address, 1051 Augusta St

Remarks,

8 7 8 0 0 0 2 6 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person in charge of the case shall cause the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 16. 1895
4. *Place of Birth, (Street and Number)*	500 Cross St.
5. *Full Name of Mother,*	Emma Louisa Sings
6. *Mother's Maiden Name,*	" " Ackerman
7. *Mother's Birthplace,*	Jordanville, Balto. Co. Md.
8. *Full Name of Father,*	Hugo C. Sings
9. *Father's Occupation*	Wholesale & retail liquor dealer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Geo. A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

8780002613

Wm. J. C. Dulany Co., City Printers and Stationers.

Immediately within the above date it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15. 1895
4. Place of Birth, (Street and Number) 934 N. Jay St.
5. Full Name of Mother, Fannie E. (Mrs.) Schramm
6. Mother's Maiden Name, " J. Harms
7. Mother's Birthplace, Ind. U. S. Ind.
8. Full Name of Father, Bernhard C. Schramm
9. Father's Occupation Tobacconist
10. Father's Birthplace, Balto. Md. Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 521 N. Eutaw St.

Remarks,

8 7 8 0 0 0 2 6 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Immediately after the birth of any child hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

91408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23. 1895

4. Place of Birth, (Street and Number) 16½ E. Lanvale St.

5. Full Name of Mother, Emma Cole

6. Mother's Maiden Name, " Weinrich

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Chas. M. Cole

9. Father's Occupation Sergt. of Police

10. Father's Birthplace, Alexandria, Virg.

Name of Medical Attendant, or other person who makes this Return, Jos. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8980002615

Wm. J. C. Dulany Co., City Printers and Stationers.

Marriage without the certificate of a physician hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter; in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

91909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 27, 1898
4. Place of Birth, (Street and Number)	1351 E. Lanvale St.
5. Full Name of Mother,	Ann Eliz^th Birmingham
6. Mother's Maiden Name,	E. Lacy
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Wm. Philip Birmingham
9. Father's Occupation	Jelly Canner
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. A. Hartman M.D.
Address,	1121 N. Carlton St.
Remarks,	

3980002615

Shall decide without the attendance of a Physician, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 91910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, the mother, or in case of her death or inability, the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25. 1898
4. Place of Birth, (Street and Number) 2516 St. Paul St.
5. Full Name of Mother, Susanna M. Jenkins
6. Mother's Maiden Name, " " Wells
7. Mother's Birthplace, Bath. Md.
8. Full Name of Father, Francis B. Jenkins
9. Father's Occupation Manager,
10. Father's Birthplace, Memphis, Tenn.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Carlton St.

Remarks,

8 9 8 0 0 0 2 6 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 9/9/11

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 1 1899
4. *Place of Birth, (Street and Number)* 717 S Broad St.
5. *Full Name of Mother,* Barbara Harris
6. *Mother's Maiden Name,* Sachs
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Harris
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Marg Stein

Address, 497 E 34th St.

Remarks,

attendance upon the mother, and the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section shall be subject to the penalty imposed by section 12 of this article. Any person required by this section to report the birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section shall be subject to the penalty imposed by section 12 of this article. Any person required by this section to report its

CERTIFICATE CORRECTED 5-22-50

RETURN OF A BIRTH A 91912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ada S. Altschul

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st 1925
4. Place of Birth, (Street and Number) 109 Broadway
5. Full Name of Mother, Bessie (Cohen) Altschul
6. Mother's Maiden Name, Rosenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Nathan (Cohen) Altschul
9. Father's Occupation, Presser
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs. H. Feldman

Address, 1013 E. Lombard St.

Remarks, 8980002619

Every person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by such person or persons.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 91913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 1st 1898
4. *Place of Birth, (Street and Number)*	739 W. Conway st
5. *Full Name of Mother,*	Alice O'Neal
6. *Mother's Maiden Name,*	Mc Finsey
7. *Mother's Birthplace,*	Howard Co. Md
8. *Full Name of Father,*	Robert M. O'Neal
9. *Father's Occupation,*	Conductor
10. *Father's Birthplace,*	Washington D. C.
Name of Medical Attendant, or other person who makes this Return.	Chas. L. Huddleston M.D.
Address,	418 S. Paca st.
Remarks,	

8 9 8 0 0 0 7 6 2 0

any such person or persons who shall forge or counterfeit any of the blanks, or alter any of the returns, or any other fines and forfeitures, are recoverable, to be recovered as other fines and forfeitures are recovered, to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 1st 1891.
4. *Place of Birth, (Street and Number)* 722 E. Pratt St.
5. *Full Name of Mother,* Mary Pilchowsky.
6. *Mother's Maiden Name,* Januchowska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Wincenty Pilchowsky.
9. *Father's Occupation* Work-man.
10. *Father's Birthplace,* Pole.

Name of Medical Attendant, or other person who makes this Return, Mary Pilch

Address, 831 E. Pratt St.

Remarks,

8 7 8 0 0 0 2 6 2 1

child to report its birth to the Commissioner of Health hereafter fail to comply with the provisions of this section, or any such person or persons who shall hereafter fail to comply with the provisions of this section, or any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 91915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sunday, 2nd 1921.
4. Place of Birth, (Street and Number) S. Broadway St. 836
5. Full Name of Mother, Annie Jarosky
6. Mother's Maiden Name, Lipschitz
7. Mother's Birthplace, Pole
8. Full Name of Father, Stephen Jarosky
9. Father's Occupation Steelst
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Broadway St 838

Address, Broadway St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8980002622

Secretary of the Board, in the City of Baltimore, of the birth of any child to report its birth to the Commissioner of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1st May 1893

4. Place of Birth, (Street and Number) 505 Aisquith St

5. Full Name of Mother, Delia Tone

6. Mother's Maiden Name, Delia Callan

7. Mother's Birthplace, Baltimore md.

8. Full Name of Father, William Tone

9. Father's Occupation Weaver

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Tone Assistant

Address, 1411 E Lexington St.

Remarks,

8 7 8 0 0 0 2 6 2 3

attendance upon the mother, [illegible] in the manner and within the period above stated, to report its birth to the Commissioner of Health, in the manner and within the period above stated. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1th 1898.
4. *Place of Birth, (Street and Number)* 1447 Columbia ave Baltimore Md.
5. *Full Name of Mother,* Mrs Mary Smith
6. *Mother's Maiden Name,* Mary Hess
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Joe Smith
9. *Father's Occupation.* Labor.
10. *Father's Birthplace,* Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 8 0 0 0 2 6 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 91918

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 4th 1922.

4. *Place of Birth, (Street and Number)* 227 Hendree St.

5. *Full Name of Mother,* Margaret Lynch

6. *Mother's Maiden Name,* Johannsen

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Lynch

9. *Father's Occupation* Bricklayer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Lynch

Address, 227 Hendree St

Remarks,

8 9 8 0 0 0 2 6 2 5

child to report its birth to the Commissioner of Health, who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 1 - 98

4. Place of Birth, (Street and Number) Maryland Genl. Hosp.

5. Full Name of Mother, Maggie Constantine

6. Mother's Maiden Name, Maggie Constantine

7. Mother's Birthplace, Balto - Maryland

8. Full Name of Father, M. W. Russell

9. Father's Occupation Clerk

10. Father's Birthplace, Balto - Md

Name of Medical Attendant, or other person who makes this Return, W. D. Rexford M.D.

Address, Mary. Genl. Hosp.

Remarks,

8780002625

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother at the birth of a child, it shall be the duty of such person to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	May 1st 98
4. *Place of Birth, (Street and Number)*	1347 Wood St
5. *Full Name of Mother,*	Mary Phillips
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	E. M. Allen M.D.
Address,	632 W. Lombard.
Remarks,	

8980002627

Wm. J. C. Dulany Co., City Printers and Stationers.

Attention upon the manner and within the period above required, and to report its birth to the Commissioner of Health, in the manner and within the period above required. And child to report its birth to the Commissioner of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately after the birth, in the manner and within the period above required, shall child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* May 1st 98

4. *Place of Birth, (Street and Number)* # 801 Pierce St

5. *Full Name of Mother,* Emma Thomas

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M Allen M.D.

Address, # 622 W. Lombard

Remarks,

8 9 8 0 0 0 2 6 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

A 91922

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, May 1. 1898
4. Place of Birth, (Street and Number) 313 Central Ave
5. Full Name of Mother, Florence Bedford
6. Mother's Maiden Name, Florence Graham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter Bedford
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Carlene Satterson

Address, 815 N Gilmor St

Remarks, Doing well as can be expected

1898 00026299

attendance upon the mother, immediately after the birth, in the manner and within the period above required, and the Board of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Col-
3. Date of Birth, May 1 1898
4. Place of Birth, (Street and Number) 601 Stone Balto. Co.
5. Full Name of Mother, Clara Lynn
6. Mother's Maiden Name, Clara Turner
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, James Hackett
9. Father's Occupation, Sr- Brick-
10. Father's Birthplace, Calvert Md

Name of Medical Attendant, or other person who makes this Return, Luzier Hansford 601 Stone Balto. Co.

Address,

Remarks, 1898 0002630

Cause to comply with the provisions of this Section shall be guilty of a misdemeanor, and any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* col.
3. *Date of Birth,* May 1- 28.
4. *Place of Birth, (Street and Number)* 934 Druid Hill ave
5. *Full Name of Mother,* Ellen Johnson
6. *Mother's Maiden Name,* Ellen Webb
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Joseph Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J. A. Melvin

Address, 2316 Druid Hill ave

Remarks, Dr Galvenaites

8780022631

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 91925

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 1 '98
4. *Place of Birth, (Street and Number)* 1703 N. Bethel St
5. *Full Name of Mother,* Anna Stattelman
6. *Mother's Maiden Name,* Seizer
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* August Stattelman
9. *Father's Occupation* Boiler Makers
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1615 Walker St

Remarks,

8 9 8 U 0 0 2 6 3 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

Attendance upon the birth to the Commissioner of Health, in the manner and within the time prescribed by the Commissioner of Health, in the manner and within the time prescribed by the Commissioner of Health, in the manner and within the time prescribed by

RETURN OF A BIRTH A 91926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 1 1926
4. *Place of Birth, (Street and Number)* 502 East 31st
5. *Full Name of Mother,* Agnes Hunter
6. *Mother's Maiden Name,* Barbour
7. *Mother's Birthplace,* Roscommon County Ireland
8. *Full Name of Father,* Hugh Hunter
9. *Father's Occupation* Shipwright
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1036 East 31st

Remarks,

8980002633

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period specified above. Every
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. 91927

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 1. 1878

4. Place of Birth, (Street and Number) #245 E Madison Alley

5. Full Name of Mother, Maria Thomas

6. Mother's Maiden Name, Hall

7. Mother's Birthplace, Williamsburg Va

8. Full Name of Father, Lewis Lewis

9. Father's Occupation Laborer

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Jesse E Bailey

Address, #8 Hall's Alley St Waverly

Remarks, 1 1 00

8 x 8 0 0 0 2 6 3 4

Every person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it, shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 91928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 1st 98
4. Place of Birth, (Street and Number) 211 E. Preston St.
5. Full Name of Mother, Julia Ann Templeton
6. Mother's Maiden Name, Owens
7. Mother's Birthplace, Balto
8. Full Name of Father, Jos. Templeton
9. Father's Occupation, Engineer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. H. Chinchew M.D.

Address, 41 Fratum Ave.

Remarks,

18980002635

child to report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B 91929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May first 1898
4. *Place of Birth, (Street and Number)*	875 Lemmon St Baltimore
5. *Full Name of Mother,*	Mrs Mary Wafer
6. *Mother's Maiden Name,*	Mary Murphy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Richard Wafer
9. *Father's Occupation,*	Iron Moulder
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Annie Hynes,
Address,	921 Hyanes st
Remarks,	

8 9 8 0 0 0 2 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	may the 1-18-98
4. *Place of Birth, (Street and Number)*	Lowdnd Av No 32
5. *Full Name of Mother,*	margaret S water
6. *Mother's Maiden Name,*	margant S hoke
7. *Mother's Birthplace,*	germany
8. *Full Name of Father,*	williard J walter
9. *Father's Occupation*	Calrer
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other person who makes this Return,	Mrs S Feles
Address,	No 19.22 Milton Ave
Remarks,	

8 7 8 0 0 0 2 6 3 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

e manner and within the period above specified, to the Commissioner of Health, in the manner
attendance upon the mother, to the Commissioner of Health, in the manner
child to report its birth to the Commissioner shall be sub-
ly with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 91931

RETURN OF A BIRTH

GIVEN NAME ADDED 4/4/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Margaret Yeagle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1 1893
4. *Place of Birth, (Street and Number)* 512 alley Pratt
5. *Full Name of Mother,* Ella E Yeagle
6. *Mother's Maiden Name,* Ella E Yeagle
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles Edward Yeagle
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Martha E King 575 Shirley Ave

18 7 8 0 0 0 2 6 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it is
h, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) X ~~First day of May~~ X White

3. Date of Birth, First day of May, 1898.

4. Place of Birth, (Street and Number) 518 West St Baltimore Md.

5. Full Name of Mother, Katie Sowers

6. Mother's Maiden Name, Katie Boyle

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Edward F Sowers

9. Father's Occupation Machinist

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bauge

Address, 711 W. Lorse St.

Remarks,

8 7 8 0 0 0 2 6 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth which shall occur within the limits of Baltimore City hereafter it shall become the duty of the person in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and at the office of the Commissioner of Health, in the manner and within the provisions of this section shall be subject to report its birth to the Commissioner of Health, to comply with the provisions of this section shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. 91933

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 1st 1898
4. Place of Birth, (Street and Number) 1224 McElderry St.
5. Full Name of Mother, Rosa Wolff Davis
6. Mother's Maiden Name, —
7. Mother's Birthplace, Russia Kalish state
8. Full Name of Father, Morris Wolff
9. Father's Occupation Tailor
10. Father's Birthplace, Russia Petarkov State

Name of Medical Attendant, or other person who makes this Return, H. Flinder M.D.

Address, 143 N. Front St.

Remarks,

8980002640

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each month a certificate of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 1st 1898

4. Place of Birth, (Street and Number) #5.00 E. Monument St.

5. Full Name of Mother, Stella Trunt

6. Mother's Maiden Name, Stella Jenkins

7. Mother's Birthplace, Md.

8. Full Name of Father, Philip Hunt

9. Father's Occupation Laborer.

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, G. H. Leitinger. M.D.

Address, 115 N. Lombard St.

Remarks,

8 7 8 U 0 0 2 6 4 1

attendance upon the mother, personally or otherwise, in the manner and within the period above required, and in the attendance upon the mother, personally or otherwise, in the manner and within the period above required, and in the case of the death of the child to report its birth to the Commissioner of Health

RETURN OF A BIRTH 91935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1st 1898.
4. *Place of Birth, (Street and Number)* 1015 E. Pratt St
5. *Full Name of Mother,* Annie Fine
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* William Fine
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Bernstein

Address, 122 S. Exeter St.

Remarks,

8980002642

attendance upon the mother, immediately after the birth of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 1st 1898

4. Place of Birth, (Street and Number) 916 S Sharp st

5. Full Name of Mother, Mary E Drager

6. Mother's Maiden Name, Mary E McCauraal

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Theodore Drager

9. Father's Occupation Marine Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Wunsch

Address, 800 Eadenhall St

Remarks,

8 9 8 0 0 0 2 6 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a ... it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* May 1st 1898
4. *Place of Birth, (Street and Number)* No 431 Druid Hill Ave
5. *Full Name of Mother,* Cigny Fisher
6. *Mother's Maiden Name,* Brooks
7. *Mother's Birthplace,* Staunton Virginia
8. *Full Name of Father,* Daniel Fisher
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Petersburg Va

Name of Medical Attendant, or other person who makes this Return. Mrs F Myers

Address, No 229 Bradley St City

Remarks,

8 9 8 0 0 0 2 6 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 41938

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 17. 1895.
4. Place of Birth, (Street and Number) 553 Lt. Peter Cor. Barre
5. Full Name of Mother, Katie Christ. Heinkamper Piano Factory.
6. Mother's Maiden Name, McKuew.
7. Mother's Birthplace, Prince George Co. Md.
8. Full Name of Father, John Christ,
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kamm

Address, for the Mothers Relief Society. 1412 Eutaw Place.

Remarks.

8980002645

Wm. J. C. Dulany Co., City Printers and Stationers.

...in the manner and within the period above required, and ...Commissioner of Health, in the ...comply with the provisions of this section shall be sub... child to report its birth to the ...any such person or persons who shall hereafter fail to ... be recovered as other fines and forfeitures are recoverable. ...jected to the fine of ten (10) dollars for each offence, to be ...

RETURN OF A BIRTH A 91939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, May 1st 1898
4. Place of Birth, (Street and Number) 4 S Pulaski
5. Full Name of Mother, Lillie Younger
6. Mother's Maiden Name, Clark
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, William Younger
9. Father's Occupation Motorman
10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Edward H Taylor MD

Address, 1408 W Fayette St

Remarks,

B 9 8 0 0 0 2 6 4 6

attendance upon the mother, furnish such information as may be in his possession, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mon. May 2nd 1898
4. Place of Birth, (Street and Number) 108 Albemarle St
5. Full Name of Mother, Mary Becker
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Russia
8. Full Name of Father, Father Becker home.
9. Father's Occupation, Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Feldman

Address, 613 E. Lombard St

Remarks,

8 9 8 0 0 0 2 6 4 7

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

attendance upon the mother, immediately thereafter, shall make a full and true return in the manner and within the period above required, and the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH A. 91941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd January 1898.
4. *Place of Birth, (Street and Number)* 916 Wolf St
5. *Full Name of Mother,* Annie Vansielsky
6. *Mother's Maiden Name,* Filipowic
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Peter Vansielsky
9. *Father's Occupation* Work-Indian
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Onasy Brett

Address, 838 S. Bond St

Remarks,

8 9 8 0 0 0 2 6 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	May 2nd 98
4. *Place of Birth, (Street and Number)*	704 Raborg St.
5. *Full Name of Mother,*	Lizzie Anderson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	# 622 W. Lombard
Remarks,	Still Birth.

shall occur within the Metropolitan Area, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 8 0 0 0 2 6 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

A-91943

A-91944

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 2d May 1898

4. *Place of Birth, (Street and Number)* 1621 Lisbon St

5. *Full Name of Mother,* Coral Kaufman

6. *Mother's Maiden Name,* Coral Wendroo

7. *Mother's Birthplace,* Hartford Co.

8. *Full Name of Father,* Fred J Kaufman

9. *Father's Occupation* Brakeman

10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, Mrs. J Jack Roberts

Address, 1917 E. Eager St.

Remarks,

1898 U 00 2650

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2d May 1898
4. Place of Birth, (Street and Number) 1019 Dallas St
5. Full Name of Mother, Barbara Grossman
6. Mother's Maiden Name, Barbara Fuss
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Grossman
9. Father's Occupation Mechanic
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs A Dirk Midwife

Address, 1417 E Eager St

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 7 8 U 0 0 2 6 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 9-30-54

RETURN OF A BIRTH 91945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Else Augusta ~~Stude~~ First Child.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 24 1898
4. Place of Birth, (Street and Number)	Baltimore City 1902 Edmonson Ave.
5. Full Name of Mother,	Johanna Stude
6. Mother's Maiden Name,	Reeche
7. Mother's Birthplace,	Germany Baltimore
8. Full Name of Father,	Otto B Stude
9. Father's Occupation	Book Keeper.
10. Father's Birthplace,	Germany Baltimore
Name of Medical Attendant, or other person who makes this Return,	M D Geary Fleming
Address,	414 S Sticker St, Baltimore
Remarks,	Mother and child are doing well.

8960002652

attendance upon the mother, immediately after the birth of such child, in the manner and within the period above required, and in the case of the mother, immediately after the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child 1898
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 May
4. *Place of Birth, (Street and Number)*	1444 Williams St
5. *Full Name of Mother,*	Jenie Mulligan
6. *Mother's Maiden Name,*	Jenie Kraft
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Mulligan
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Damg Well

8 7 8 0 0 0 2 6 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 91947

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, May 2, 1898

4. Place of Birth, (Street and Number) 214 S. Dallas St.

5. Full Name of Mother, Mary Henson

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Not married

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore, Md

1 8 9 8 U D D 2 6 5 4

attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such case to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 91948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 2 198
4. *Place of Birth, (Street and Number)* 1416 Brunt St
5. *Full Name of Mother,* Elizabeth Jones
6. *Mother's Maiden Name,* Elizabeth Jones
7. *Mother's Birthplace,* Brandruth County
8. *Full Name of Father,* David Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Brandruth County

Name of Medical Attendant, or other person who makes this Return, Jane Warren

Address, 1424 Brunt St

Remarks, 0

1898 0002655

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a person authorized to report it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 2nd 98
4. Place of Birth, (Street and Number) 11 Smith Court
5. Full Name of Mother, Sarah Bruce
6. Mother's Maiden Name, Sarah Brown
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Bruce
9. Father's Occupation
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, H T Tendler

Address, 1626 East Balt. Street.

Remarks, Above one of Twins, the other still born

1898 BUOO 2655.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 2 1905

4. *Place of Birth, (Street and Number)* 531 Oldenborough Ave

5. *Full Name of Mother,* Emma L. Ryan

6. *Mother's Maiden Name,* Emma L. Ryan

7. *Mother's Birthplace,* Maryland Co. Md.

8. *Full Name of Father,* John C. Ryan

9. *Father's Occupation* Motorman Electric Ry. Co.

10. *Father's Birthplace,* Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, William J. Pinkard M.D.

Address, 2535 York Road

Remarks,

1898 U D 02657

shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 91951

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 2nd, 1898 (1918 E. Monn Street)
4. *Place of Birth, (Street and Number)* 1918 E. Monn Street
5. *Full Name of Mother,* Mrs Sarah Hollins
6. *Mother's Maiden Name,* Miss Sarah Brown
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* My Charles Hollins
9. *Father's Occupation* Shoe-maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ifrdeatia Howard

Address, 1010 N. Chapple St.

Remarks,

1898 0002658

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall occur within the State, and is not hereafter it shall become the duty of the person or parents of such ...mediately thereafter, the mother, immediately thereafter it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter it, in the manner and within the period above required, and ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A-91953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1 1911
4. *Place of Birth, (Street and Number)* 11 N Wolfe Eastern Av
5. *Full Name of Mother,* Elizabeth Roth
6. *Mother's Maiden Name,* Gartl
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Roth
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Carol L. Schmidt

Address, 734 Fortieth

Remarks,

8 7 8 0 0 0 2 6 5 9

Third day of each and every month of the year, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 2 1898

4. Place of Birth, (Street and Number) 1005 Hillman Ct.

5. Full Name of Mother, Katrena Esender

6. Mother's Maiden Name, Katrena Mc Garity

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Theodore Esender

9. Father's Occupation carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

8 9 8 U D D 2 6 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 91955

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace E. Kirk

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 2 98

4. Place of Birth, (Street and Number) 336 Forest St.

5. Full Name of Mother, Sophie Kirk

6. Mother's Maiden Name, Rockelman

7. Mother's Birthplace, Md

8. Full Name of Father, S. N. Kirk

9. Father's Occupation Bookkeeper

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson M.D.

Address, 526 E. Pratt St

Remarks Samuel N. Kirk Jr.

8 7 8 U 0 0 2 6 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd of May 98
4. Place of Birth, (Street and Number) 2006 Booth St
5. Full Name of Mother, Maria Th. Büschmann
6. Mother's Maiden Name, Maria Th. Becker
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Büschmann
9. Father's Occupation Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 216 W Pratt St

Remarks,

1878U002662

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2nd 1898
4. Place of Birth, (Street and Number) 618 Olney ave
5. Full Name of Mother, Florence Bealer
6. Mother's Maiden Name, Florence Cornell
7. Mother's Birthplace, France
8. Full Name of Father, Henry Bealer
9. Father's Occupation Hatter
10. Father's Birthplace, United States of America

Name of Medical Attendant, or other person who makes this Return, Catherine L Mundy

Address, 200 Gadenhall St

Remarks,

attendance upon the mother, immediately thereafter. It shall become the duty of the person [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately hereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd May 1898
4. Place of Birth, (Street and Number) 1107 Fetterson St.
5. Full Name of Mother, Catherine Knipp
6. Mother's Maiden Name, Catherine Rittmiller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Knipp
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katherine Wunder

Address, 800 Baderhall St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

6980002664

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 2/98
4. *Place of Birth, (Street and Number)* 426 W Schroder st
5. *Full Name of Mother,* Mary Kelly
6. *Mother's Maiden Name,* O'Sieph
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Kelly
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs O'Hara

Address, 524 Hollins st

Remarks,

1 8 9 8 0 0 0 2 6 6 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 one 1898

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 1898
4. *Place of Birth, (Street and Number)* Baltimore City 715 Madison
5. *Full Name of Mother,* Mrs Dealia Williams
6. *Mother's Maiden Name,* Miss Dealia Forbes
7. *Mother's Birthplace,* St Mary Co Md
8. *Full Name of Father,* Mr Andrew William
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Lynchburg Co Virginia

Name of Medical Attendant, or other person who makes this Return, Harriet Fisher

Address, 1337 West Pratt Boat St

Remarks,

8 9 8 U 0 0 2 6 6 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 91961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3rd of May 98
4. *Place of Birth, (Street and Number)* 758 Germania St
5. *Full Name of Mother,* Louise Roberts berger
6. *Mother's Maiden Name,* Louise Piers
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Georg W. Roberts berger
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kaulen Midwife

Address, 216 W. Pratt St

Remarks,

8 4 8 U 0 0 2 6 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or midwife, it shall become the duty of the person in attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 91962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 3rd 1898
4. *Place of Birth, (Street and Number)* 1024 Granby st.
5. *Full Name of Mother,* Marie Seldner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Sylvester Wegartner
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 1228 Eastern st.

Remarks,

1878U002668

Wm. J. C. Dulany Co., City Printers and Stationers.

shall become the duty of the person or parents of such
n the manner and within the period above required, and
mply with the provisions of this section shall be sub-
e recovered as other fines and forfeitures are recoverable.
attendance upon the mother, immediately thereafter it shall b
child to report its birth to the Commissioner of Health, in the m
any such person or persons who shall hereafter fail to comply w
jected to the fine of ten (10) dollars for each offence, to be recove

RETURN OF A BIRTH A. 91963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 3rd 1898.
4. *Place of Birth, (Street and Number)* 836 Bradley Pl
5. *Full Name of Mother,* Lucie Martin
6. *Mother's Maiden Name,* Lucie Kemp
7. *Mother's Birthplace,* Easton Maryland
8. *Full Name of Father,* John Thomas Martin
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs F. Myers

Address, No 722 Bradley St.

Remarks,

1898 U 0026689

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Twins

RETURN OF A BIRTH. A 91964 91965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th & 6th
1. *Sex, (state whether male or female)*	male & female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 3, 1898.
4. *Place of Birth, (Street and Number)*	306 N. Riddle St
5. *Full Name of Mother,*	Margaret Hecker
6. *Mother's Maiden Name,*	Lyncker
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	John Hecker
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	G. Lane Taneyhill
Address,	1103 Madison Ave
Remarks,	

1898 0002670

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, A.M. May 3rd 1898
4. Place of Birth, (Street and Number) 1123 E Division St Balto. Md
5. Full Name of Mother, Mrs. Annie M. Medley
6. Mother's Maiden Name, Annie M. Davis
7. Mother's Birthplace, Balto. City Md
8. Full Name of Father, John W. H. Medley
9. Father's Occupation Waiter
10. Father's Birthplace, St. Marys Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. T. A. Brewster

Address, 1221 Madison Ave.

Remarks,

1 8 9 8 0 0 0 2 6 7 1

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 91967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 3rd 1898
4. Place of Birth, (Street and Number) 1611 Clifton Place
5. Full Name of Mother, Mary Francis Fuller
6. Mother's Maiden Name, Mary Francis Stokes
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph Hendrick Fuller
9. Father's Occupation Labour
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Martha Foster

Address, 160 East Lanvale St

Remarks,

T 8 9 8 0 0 0 2 6 7 2

shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-8-57

RETURN OF A BIRTH. 91968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) William Nevin Elliott 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 3rd 1898
4. *Place of Birth, (Street and Number)* 1210 W. Mulberry St
5. *Full Name of Mother,* Mary E. Elliott
6. *Mother's Maiden Name,* " " Sauer
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm Henry Elliott
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. W. A. B. Sellman M.D.

Address, 5 E. Biddle St

Remarks,

1898 U 0026 73

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shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 3rd 1898
4. *Place of Birth, (Street and Number)* 1123 argyle ave
5. *Full Name of Mother,* Mary Reed
6. *Mother's Maiden Name,* " Faherty
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Geo. T. Reed
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return, C. M. Cook, M.D.

Address, 1052 Myrtle ave

Remarks,

B 9 8 0 0 0 2 6 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 91970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd January 1898
4. Place of Birth, (Street and Number) Shakespeare St. 600
5. Full Name of Mother, Mary Littlebury
6. Mother's Maiden Name, Wade
7. Mother's Birthplace, Pole
8. Full Name of Father, Henry Littlebury
9. Father's Occupation Waste-maker
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Butt

Address, 131 S Bond St

Remarks,

8 9 8 U 0 0 2 6 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3d May 1877

4. Place of Birth, (Street and Number) 925 E. Fountain Av

5. Full Name of Mother, Mary Gardner

6. Mother's Maiden Name, Mary Williams

7. Mother's Birthplace, Ireland

8. Full Name of Father, John L Gardner

9. Father's Occupation Collector

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J Pink Mackenzie

Address, 1417 E. Eager St.

Remarks,

18780002675

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28th 1898
4. *Place of Birth, (Street and Number)* 128 South Ann St
5. *Full Name of Mother,* Ella Burman
6. *Mother's Maiden Name,* Ella Reese
7. *Mother's Birthplace,* Odessa
8. *Full Name of Father,* Jack Berman
9. *Father's Occupation* Lieutenant
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. R. Raymond Mc

Address, 809 N. Charles St

Remarks,

1898 0002677

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 91973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 3rd, 1898.
4. Place of Birth, (Street and Number) Hopkins Ave.
5. Full Name of Mother, Birdie Linton
6. Mother's Maiden Name, Birdie McCurdy
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Edw Linton
9. Father's Occupation Hostler
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters

Address, Johns Hopkins Hosp

Remarks, Baltimore Md.

1 8 9 8 U 0 0 2 6 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 3rd 1898
4. *Place of Birth, (Street and Number)*	1310 E Baltimore St
5. *Full Name of Mother,*	Georgianna J Rose
6. *Mother's Maiden Name,*	" Ruppinger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Otto F Rose
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	F Ridgway Budre M D
Address,	1123 E Balto St
Remarks,	

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 6 0 0 0 2 6 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91975

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating whether such child is still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children born its or their physical condition, whether still born or not.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 3rd 1898
4. Place of Birth (Street and Number)	# 1. N. Ann St.
5. Full Name of Mother	Mary A. Lewis.
6. Mother's Maiden Name	Mary Lohmann
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Thos. B. Lewis.
9. Father's Occupation	Pilot.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant or other Person who makes this Return.	J. M. Averill, M.D.
Address	# 1806 E. Baltimore St.
Remarks	Baltimore Md.

1898 00 02680

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3rd, &c.~~)

1. *Sex, (~~state whether male or~~ female)*
2. *Race ~~or Color~~, (~~if not of the~~ white race)*
3. *Date of Birth,* May 3 1898
4. *Place of Birth, (Street and Number)* 663 N Mount St
5. *Full Name of Mother,* Gertrude Slicer
6. *Mother's Maiden Name,* " Chambers
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Davidson Slicer
9. *Father's Occupation,* Conductor Stuart Ry
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Henry St Jenkins MD

Address, 622 Harund St

Remarks,

1898 0002681

Wm. C. Dulany Co., City Printers and Stationers

A 91977

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 3 1894

4. Place of Birth, (Street and Number) 1404 Cathew st

5. Full Name of Mother, Mary M Georg Seubert

6. Mother's Maiden Name, Germany

7. Mother's Birthplace, Allen M. Georg

8. Full Name of Father, Gabor

9. Father's Occupation Baltimore

10. Father's Birthplace, Gustav Schwarz

Name of Medical Attendant, or other person who makes this Return, 134 Fort ave

Address,

Remarks, 1894 0 0 0 2 6 8 2

shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-10-58

RETURN OF A BIRTH. A 91978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Archie J. Webster, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 3rd 1898.
4. Place of Birth, (Street and Number) 1635 Miller st.
5. Full Name of Mother, Annie J. Webster
6. Mother's Maiden Name, " " Deppish
7. Mother's Birthplace, Balto. city
8. Full Name of Father, Archibald J. Webster
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. city

Name of Medical Attendant, or other person who makes this Return, E. B. Feuby, M.D.

Address, 1219 N. Caroline st

Remarks,

1 8 9 8 0 0 0 2 6 8 3

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 91979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of May 98
4. Place of Birth, (Street and Number) 764 Frederick Road
5. Full Name of Mother, Bertha Hannes
6. Mother's Maiden Name, Bertha Berchold
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Hannes
9. Father's Occupation Laborer
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Friedrike Keuler Midwife
Address, 216 W. Pratt St
Remarks,

1878U002684

Wm. J. C. Dulany Co., City Printers and Stationers.

...attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 4/91
4. Place of Birth, (Street and Number) 229 S. Chappel Ave.
5. Full Name of Mother, Nora McDonough
6. Mother's Maiden Name, " O'Neil
7. Mother's Birthplace, Balto.
8. Full Name of Father, William McDonough
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Disenhofer

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

8 9 8 0 0 0 2 6 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 4/98

4. Place of Birth, (Street and Number) 510 N. Patterson Park Ave.

5. Full Name of Mother, Lina Amrhein

6. Mother's Maiden Name, " Wolf

7. Mother's Birthplace, Balto.

8. Full Name of Father, Joseph Amrhein

9. Father's Occupation Copper

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesholer.

Address, MIDWIFE.

Remarks, 2225 Gough St. Baltimore, Md.

1898 U 002685

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 91982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 4 — 1898
4. *Place of Birth, (Street and Number)* 206 N. Broadway St.
5. *Full Name of Mother,* Alice May Wilson
6. *Mother's Maiden Name,* Attick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William J. Wilson
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Buffalo N. Y.

Name of Medical Attendant, or other person who makes this Return, Mary Olsen

Address, 142 E. Pratt St.

Remarks,

8 7 8 0 0 2 5 8 7

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 91983

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 4th / 98

4. Place of Birth, (Street and Number) No. 1128 N. Washington St

5. Full Name of Mother, Carrie Miller

6. Mother's Maiden Name, Bass

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Miller

9. Father's Occupation Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Grass.

Address, 1907 E Monument St

Remarks,

8700020888

Wm. J. C. Dulany Co,. City Printers and Stationers.

midwifery, or should no other person of the city, of the person or parents of such the within the period above required, and ner and within of this section shall be sub- the provisions of the Commissioner fail to comply with as other fines and forfeitures are recoverable. within day of each and every month of a physician or practitioner of midwife become the duty attendance immediately thereafter, in the manner and shall occur without the mother, immediately thereafter it shall be the duty of the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Film G512 10-11-77 LW CERTIFICATE AMENDED

A 91984

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name; Carroll Lee Hall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 6, 1928

4. Place of Birth, (Street and Number) 1106 Riverside Ave

5. Full Name of Mother, Ella Hall

6. Mother's Maiden Name, Ella Pride

7. Mother's Birthplace, 1106 Riverside Ave

8. Full Name of Father, Dr. Lewis Hall

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Dr. R. Lashley

Address, 213 E. Lanvale St

Remarks, Home Visit

1 8 7 8 0 0 0 2 6 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...ioner of midwifery, or should no other person be in ...ance of a physician or practioner of ... it shall become ... the attendance shall occur without the ... diity of the person or parents of such ... immediately thereafter. And ... the period above required, and ... the mother, immissioner of Health, in the manner ... and within the ... provisions of this section shall be sub- ... birth to the Commissioner of Health, comply with the ... child to report its ... persons who shall hereafter fail to ... be recovered ... any such person or ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable. ... jected to the fine of ten (10)

RETURN OF A BIRTH. A. 91985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* June 1st

4. *Place of Birth, (Street and Number)* 1 Lemmon

5. *Full Name of Mother,* Lucy Gaskins

6. *Mother's Maiden Name,* Lucy Ellis

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Samuel Lemmon

9. *Father's Occupation* Day Laborer

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 160 Hollins St

Remarks,

1898 0002690

Wm. J. C. Dulany Co., City Printers and Stationers.

If any day of each and every month of the year a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, May 4 - 25
4. Place of Birth, (Street and Number) Maryland General Hospital
5. Full Name of Mother, Ella Sharp
6. Mother's Maiden Name, Ella Sharp
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Fred Trotman
9. Father's Occupation Porter
10. Father's Birthplace, West Indies

Name of Medical Attendant, or other person who makes this Return, W Stafford MD

Address, Maryland General Hospital

Remarks,

1 8 9 8 U 0 0 2 6 9 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth which shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 4-'05
4. *Place of Birth, (Street and Number)* Maryland General Hospital.
5. *Full Name of Mother,* Bertha Stewart
6. *Mother's Maiden Name,* Bertha Stewart
7. *Mother's Birthplace,* Woodstock Howard Co. Md
8. *Full Name of Father,* James Pearson
9. *Father's Occupation* ~~Porter~~ Porter
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, W. D. Pickard M.D.

Address, Maryland General Hospital

Remarks,

1 8 9 8 U 0 0 2 6 9 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 91988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child any such person or persons who shall hereafter fail to comply with the

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	May 4th 98
4. *Place of Birth, (Street and Number)*	#11 Hauser's Court
5. *Full Name of Mother,*	Bertha Murray
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W. Lombard.
Remarks,	

1898 00026993

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 91989

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4 May 1898
4. Place of Birth (Street and Number)	412 Sharp St.
5. Full Name of Mother	Catherine Speights
6. Mother's Maiden Name	Butler
7. Mother's Birthplace	Virginia
8. Full Name of Father	James L. Speights
9. Father's Occupation	Printer
10. Father's Birthplace	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	Albert B. Lyman M.D., L.R.M.
Address	504 Sharp St.
Remarks	

1898 0002694

RETURN OF A BIRTH A. 91990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* May 4th 1898
4. *Place of Birth, (Street and Number)* 567 Oxford St
5. *Full Name of Mother,* Mary Lizzie Harris
6. *Mother's Maiden Name,* " " Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Harris
9. *Father's Occupation* Carriage cleaner
10. *Father's Birthplace,* Howard County Md

Name of Medical Attendant, or other person who makes this Return, Mary E. McKay M.D

Address, Good Samaritan Hospital

Remarks,

8 7 8 0 0 0 2 6 9 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

...ttioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...third day of each and every month to the office of the Comm... shall occur without the attendance of a physician or practione... attendance upon the mother, immediately thereafter it shall b... child to report its birth to the Commissioner of Health, in the m... any such person or persons who shall hereafter fail to comply w... jected to the fine of ten (10) dollars for each offence, to be recove...

...said schedule shall be delivered duly signed by the practitioner ...shall become the duty of the person or parents of such ...in the manner and within the period above required, and ...comply with the provisions of this section shall be sub... recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 91791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Whit
3. Date of Birth, May . 4 th 1898
4. Place of Birth, (Street and Number) 1914 . Hanover . St
5. Full Name of Mother, Wilmina . Bradley
6. Mother's Maiden Name, Wilmina . Thomas
7. Mother's Birthplace, Winchester v a
8. Full Name of Father, John . Bradley
9. Father's Occupation, Hostler
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Ellsmore . a . anderson

Address, 1434 . Patapsco . St

Remarks,

1898 0002695

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 4th 98

4. Place of Birth, (Street and Number) 348 E. Fayette

5. Full Name of Mother, Lillian M. Cassidy

6. Mother's Maiden Name, " Kirwan

7. Mother's Birthplace, D. C.

8. Full Name of Father, Joseph C. Cassidy

9. Father's Occupation Grocer

10. Father's Birthplace, D. C.

Name of Medical Attendant, or other person who makes this Return, G. L. Williams MD

Address, C. N. Brady.

Remarks,

8780002697

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 of May 1898
4. Place of Birth, (Street and Number) 107 Gittings St
5. Full Name of Mother, Mrs Elizbeth Hubbard
6. Mother's Maiden Name, Mrs Elizbeth Earle
7. Mother's Birthplace, in Baltimore
8. Full Name of Father, Samuel Henry Hubbard
9. Father's Occupation Painter
10. Father's Birthplace, in Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Mauch

Address, 800 Eadenhall St

Remarks,

1898 00026998

Wm. J. C. Dulany Co., City Printers and Stationers.

shall pay to each midwife, upon the issue of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 91994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th of May 1898.

4. Place of Birth, (Street and Number) 25 Grace St.

5. Full Name of Mother, Clara Brooksmith

6. Mother's Maiden Name, Clara Beck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Brooksmith

9. Father's Occupation Painter.

10. Father's Birthplace, Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. Sala Hille

Address, 207 N. Castle St.

Remarks, ----

18280002699

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5 98
4. Place of Birth, (Street and Number) 1150 N. Washington St.
5. Full Name of Mother, Selma Mathai
6. Mother's Maiden Name, " Buehle
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Mathai
9. Father's Occupation Backer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

B 7 8 U 0 0 2 7 0 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 91996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 5. 1896

4. Place of Birth, (Street and Number) The Johns Hopkins Hospital

5. Full Name of Mother, Irene Jones

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Maryland

8. Full Name of Father, Henry Gardener

9. Father's Occupation Farmer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks,

18 96 00002701

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 91997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - John Moulton Blake

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5/98
4. Place of Birth, (Street and Number) 1912 McCulloh St.
5. Full Name of Mother, Mary (Moulton) Blake
6. Mother's Maiden Name, Mary Moulton
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo. M. Blake
9. Father's Occupation Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A. Ash

Address, 2021 Madison ave

Remarks,

1898 U 0002702

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

91998

RETURN OF A BIRTH A. ~~91998~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 5th 1898
4. *Place of Birth, (Street and Number)* 1616 Latrobe St
5. *Full Name of Mother,* Mary Harris
6. *Mother's Maiden Name,* " Augenhofer
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* William Harris
9. *Father's Occupation* Stone cutter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Harper Peddicord

Address, Md Homoe. Hospital

Remarks, Breech

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Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 91999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 5 May 1898
4. *Place of Birth, (Street and Number)* 1216 Hill St.
5. *Full Name of Mother,* Maria Ehrman
6. *Mother's Maiden Name,* " Hoff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Ehrman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Rudolf Mufson

Address, 631 West Lexington Street

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1 0 7 0 0 0 0 2 7 0 4

...this day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st - Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* May 5 - 1898
4. *Place of Birth, (Street and Number)* 707 Druid St.
5. *Full Name of Mother,* Hella Payton.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Father Unknown
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, H. S. Pfeiffer

Address, Maryland Home Hospital

Remarks, Normal case.

B 2 8 U 0 0 2 7 0 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92 001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1 1918
4. *Place of Birth, (Street and Number)* 2427 Belmont ave
5. *Full Name of Mother,* Mathilda Fenner
6. *Mother's Maiden Name,* Mathilda Brooke
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* George H. Fenner
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other person who makes this Return, E. Michaux M.D.

Address, 411 N. Stricker st.

Remarks,

84800027006

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of May 1895
4. Place of Birth, (Street and Number) 614 S. Broad St.
5. Full Name of Mother, Frances Lipensky
6. Mother's Maiden Name, Jakowiak
7. Mother's Birthplace, Pole
8. Full Name of Father, John Lipensky
9. Father's Occupation Work-house
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Ott

Address, 621 S. Broad St

Remarks,

1895 U 002707

Wm. J. C. Dulany Co., City Printers and Stationers.

Said certificate shall be furnished only by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Christian Kern

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of January 1898
4. Place of Birth, (Street and Number) 240 S. Wolfe St.
5. Full Name of Mother, Annie Kern
6. Mother's Maiden Name, Kuntz
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Kern
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Dietl

Address, 838 S. Bond St.

Remarks,

1898 00027008

Wm. J. C. Dulany Co., City Printers and Stationers.

and certificate shall be delivered, duly signed by the practitioner in the form of a certificate herewith, to the proper registrar of the district in which the birth occurs, within ten days after the birth, and on the first Monday of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH 92004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1213 Lanvale

4. Place of Birth, (Street and Number) May 2. 1892

5. Full Name of Mother, Sarah Ivy Miller Cramer) Brennan

6. Mother's Maiden Name, Bal

7. Mother's Birthplace, Robert Miller

8. Full Name of Father, Labor

9. Father's Occupation Baltimore

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, 134 Park ave

Address,

Remarks, Name of Child: Gregory Joseph Miller

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Wm. J. C. Dulany Co., City Printers and Stationers.

...ate between the first and ...child ...be in ...such ...and ...with ...ble.

...the practice ...Commissioner of ...after it shall become ...Health, in the manner ...section shall be ...each offence, to be recovered ...

practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
ll to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th C.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* The 5th of May 1898

4. *Place of Birth, (Street and Number)* 855 McKenney

5. *Full Name of Mother,* Virginia Gaston

6. *Mother's Maiden Name,* Virginia Parker

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Joseph Gaston

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Ch. Lamer

Address, 1104 Stafford Ave

Remarks, Bal. Md

1898

1 8 9 8 U 0 0 2 7 1 0

Wm J C Dulany Co., City Printers and Stationers.

A 92006

GIVEN NAME ADDED 8-1-63

RETURN OF A BIRTH. CERTIFICATE CORRECTED 8-1-63

To the Office of Registrar of Vital Statistics, Board of Health, ~~Baltimore City.~~

Name: Daniel Leroy Ammer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* May 5 1928
4. *Place of Birth, (Street and Number)* 414 Scott St
5. *Full Name of Mother,* Maggie Singer Ammer
6. *Mother's Maiden Name,* Lanahan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Elmer Ammer
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mc Mannigan

Address, 412 Scott St

Remarks,

8 9 8 0 0 0 2 7 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2, 1898
4. Place of Birth, (Street and Number) 118 Hamburg St.
5. Full Name of Mother, Mary C. Saunders
6. Mother's Maiden Name, Mary C. Crow
7. Mother's Birthplace, Balt.
8. Full Name of Father, William Saunders
9. Father's Occupation Letter Carrier
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Dr. R. Carter

Address, 2436 Eastern

Remarks, Living Well

1898 U 002712

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 6th 1898

4. Place of Birth, (Street and Number) 625 Port St.

5. Full Name of Mother, Katherine Petersen

6. Mother's Maiden Name, Katherine Hein

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Peter A. Petersen

9. Father's Occupation Stevedore

10. Father's Birthplace, Norway

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hosp.

Baltimore Md.

Remarks,

37 0 0 0 0 2 7 1 3

and before the end of the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 12009

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 5 1898
4. *Place of Birth, (Street and Number)* 311 Wordyear St
5. *Full Name of Mother* Catherine Murphy
6. *Mother's Maiden Name* " Hazel
7. *Mother's Birthplace* Penna
8. *Full Name of Father* John Murphy
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. C.M. Lewis M.D

Address 1220 Linden ave

Remarks

B 7 8 0 0 0 2 7 1 4

RETURN OF A BIRTH A. 92010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5-5-98

4. Place of Birth, (Street and Number) 115 W. Lombard St.

5. Full Name of Mother, Mattie Patterson

6. Mother's Maiden Name, Mattie Patterson

7. Mother's Birthplace, Va.

8. Full Name of Father, ——

9. Father's Occupation ——

10. Father's Birthplace, ——

Name of Medical Attendant, or other person who makes this Return, W E Mullen Resd

Address, 115 W. Lombard St.

Remarks,

6 7 8 0 0 0 2 7 1 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, May 5 1898
4. Place of Birth, (Street and Number) 2120 2, Brenton St
5. Full Name of Mother, Christenia Dr Caindry
6. Mother's Maiden Name, " Linburger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Dr Caindry
9. Father's Occupation Light House Service
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Straughton Stenger and.

Address, 25 N Poesler St

Remarks, Premature 7 mds.

B 7 8 0 0 0 2 7 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... each and every month to the office of the Commissioner of Health. In case the birth of any child ... without the attendance of a physician or practitioner, or should no other person be in ... day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 5th 1898

4. Place of Birth, (Street and Number) 722 N Broadway

5. Full Name of Mother, Edith May German

6. Mother's Maiden Name, " " Safft

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Arthur L. German

9. Father's Occupation Cashier

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 2030 N Washington

Remarks,

1898 U D 27117

Wm. J. C. Dulany Co., City Printers and Stationers.

been committed. The sex, color, the full names and occupation of the parents, the date and the place of birth and the name of the child, if any, are to be entered in the form of a certificate between the first and second pages of this schedule. The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the mother, immediately thereafter it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5th 1898
4. Place of Birth, (Street and Number) 2311 J Mc Elderry Street
5. Full Name of Mother, Mary Porter
6. Mother's Maiden Name, Mary Rands
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert T Porter
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs H Brown Midwife
Address, 1922 E Fayette Street
Remarks,

8 7 8 0 0 0 2 7 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro -
3. *Date of Birth,* May 5 - '95 -
4. *Place of Birth, (Street and Number)* Maryland General Hospital -
5. *Full Name of Mother,* Stella Keats -
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Talbot Co. Md
8. *Full Name of Father,* Tom Richardson
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Annapolis Md

Name of Medical Attendant, or other person who makes this Return, W. D. Kerbert M.D.

Address, Maryland General Hosp

Remarks,

8 7 8 0 0 0 2 7 1 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 5 - 1915

4. Place of Birth, (Street and Number) 1-54 [illegible]

5. Full Name of Mother, Annie Taylor

6. Mother's Maiden Name, Balto - Md -

7. Mother's Birthplace, Harry Robertson

8. Full Name of Father, Latvia -

9. Father's Occupation Balto - Md -

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, ~~Medical Center~~ [illegible]

Address, Maryland Gen - Hospital

Remarks,

8 7 8 0 0 0 2 7 2 8

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the other person in attendance upon birth to the Commissioner hereafter fail to comply with the provisions of this section shall be sub- child to report its sex, color, the full name and occupation of its parents, the date and place of birth, and the any such person or persons who shall jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the mother, immediately thereafter, it shall become the duty of the person or persons required, and

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RETURN OF A BIRTH A 92016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	May 5th 98
4. *Place of Birth, (Street and Number)*	622 W. Lombard
5. *Full Name of Mother,*	Mary Robinson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Heer M.D.
Address,	622 W. Lombard
Remarks,	

1898 0002721

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 92017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5th 1848
4. *Place of Birth, (Street and Number)* 1449 . Patapsco . St
5. *Full Name of Mother,* Rebecca . Hennessy
6. *Mother's Maiden Name,* Rebecca . Newman
7. *Mother's Birthplace,* Baltimore . md
8. *Full Name of Father,* John . Hennessy
9. *Father's Occupation.* Boiler . Maker
10. *Father's Birthplace,* Baltimore , md

Name of Medical Attendant, or other person who makes this Return. Ellemore a Anderson ,

Address, 1434 Patapsco . St

Remarks,

1898 0002722

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92018

CERTIFICATE CORRECTED 16-1-[illegible]

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Frieda Barbara Hachemeister

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (~~if not of~~ the white race)* 4th
3. *Date of Birth,* May ~~3rd~~ 1898
4. *Place of Birth, (Street and Number)* 1621 N. Bridge St
5. *Full Name of Mother,* (~~Catharine~~) Hachemeister
6. *Mother's Maiden Name,* ~~Catharine~~ (~~Lotz~~) Klotz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Hachemeister
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return P. T. Benson M. D.

Address, #1047 Hollins St

Remarks,

1 8 9 8 U 0 0 2 7 2 3

Births are to be registered, within ten days after birth, and the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children born, its or their physical condition, whether still-born or not,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A. 12019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 5 1858
4. *Place of Birth, (Street and Number)*	307 Gorsuch avenue
5. *Full Name of Mother,*	Lizzie Evens Smith
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Harry C. Evens
8. *Full Name of Father,*	Laber
9. *Father's Occupation*	Md.
10. *Father's Birthplace,*	Young Rockbrook N.Y.
Name of Medical Attendant, or other person who makes this Return,	277 Gorsuch avenue
Address,	
Remarks,	1 8 9 8 0 0 0 2 7 2 4

said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and in the manner and within the period above required, to report its birth to the Commissioner of Health, in the manner and within the time aforesaid, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 92020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 6, 1898. 3.25 A. M.
4. *Place of Birth, (Street and Number)*	2205 Beech Ave.
5. *Full Name of Mother,*	Fanny B. Trout
6. *Mother's Maiden Name,*	Gosnell
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	William N. Trout
9. *Father's Occupation*	Collector
10. *Father's Birthplace,*	Ohio.
Name of Medical Attendant, or other person who makes this Return,	G. Lane Taneyhill
Address,	1613 Madison Ave.
Remarks,	

8 7 8 U 0 0 2 7 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. A. 92021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 Nov 14 98

4. Place of Birth, (Street and Number) 216 Lombard St

5. Full Name of Mother, Augusta Seil

6. Mother's Maiden Name, Fiedler

7. Mother's Birthplace, Germany

8. Full Name of Father, Leopold Seil

9. Father's Occupation Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King 545 Hickory ave

Remarks,

B 78 U 00 2726

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* May 6. 1898

4. *Place of Birth, (Street and Number)* 927 W. Lanvale St

5. *Full Name of Mother,* Eden Physioc.

6. *Mother's Maiden Name,* Eden Johnson

7. *Mother's Birthplace,* Smithfield Va

8. *Full Name of Father,* Robt C Physioc

9. *Father's Occupation* Tailor.

10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return, N. L. Arthur MD

Address, 516 W. Lexington St.

Remarks,

8788 0002727

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 6th 1898

4. Place of Birth, (Street and Number) 138 Fawn ave (Eutaw)

5. Full Name of Mother, Katie Ware

6. Mother's Maiden Name, Katie Otto

7. Mother's Birthplace, N.Y.

8. Full Name of Father, Edward Ware

9. Father's Occupation Labor

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, E. L. Lipsinger M.D.

Address, 15 W. Lombard St.

Remarks,

1 8 9 8 0 0 0 2 7 2 8

been committed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 92124

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 6th 1898
4. *Place of Birth, (Street and Number)* 153 N. Exeter Str
5. *Full Name of Mother,* ~~Jennie~~ Barker Sarah
6. *Mother's Maiden Name,* Friedman
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Harris Barker
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Hans C. Bernstein

Address, 122 S. Exeter Str

Remarks,

1898 00027209

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th of May 98
4. *Place of Birth, (Street and Number)* 2114 Wilhelm St
5. *Full Name of Mother,* Katie Hartung
6. *Mother's Maiden Name,* Katie Bayer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Carl M. Hartung
9. *Father's Occupation* Teller
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Kuster M.D. nurse

Address, 2116 W. Pratt St

Remarks,

1898 0002730

Wm. J. C. Dulany Co,. City Printers and Stationers.

Been conferred? Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-21-59

RETURN OF A BIRTH A. 92026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Louis Dewey 9 Campeggi

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 6 May 1898
4. Place of Birth, (Street and Number) 414 Forest H
5. Full Name of Mother, Elisabeth Campeggi
6. Mother's Maiden Name, " Elis
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Frank Campeggi
9. Father's Occupation Huckster
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs R Allg

Address, 1302 E Lexington H

Remarks,

L 8 7 8 0 0 0 2 7 3 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May the Sixth 1898

4. Place of Birth, (Street and Number) 1830 N. Dallas St

5. Full Name of Mother, Margarette, L, Schleich

6. Mother's Maiden Name, Margarette, L. Schissler

7. Mother's Birthplace, Balto, Md

8. Full Name of Father, Henry, W. Schleich

9. Father's Occupation M.C.P. Ins. Agent

10. Father's Birthplace, Balto, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Martha Foster

Address, 1600 East Lanvale st

Remarks,

8760002732

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every child born within the City of Baltimore shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, on a blank to be furnished by the Registrar, the full name and occupation of its parents, the date and place of birth; and the sex of each child. Such report shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered hereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. child to report its birth to the Commissioner of Health, any such person or persons who shall hereafter fail to comply with

1236]

RETURN OF A BIRTH A. 92028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th -
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 9 - 1898
4. *Place of Birth, (Street and Number)*	139 Falls Road.
5. *Full Name of Mother,*	Melinda Shaner
6. *Mother's Maiden Name,*	" Cullison
7. *Mother's Birthplace,*	Balto Co
8. *Full Name of Father,*	Geo Shaner
9. *Father's Occupation*	Railroader
10. *Father's Birthplace,*	Carroll Co.
Name of Medical Attendant, or other person who makes this Return,	Harry C. Elgin
Address,	516 - 5th Ave
Remarks,	Hampden

1898U002733

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	May 6th 95
4. *Place of Birth, (Street and Number)*	622 W Lombard
5. *Full Name of Mother,*	Rebecca Burkholder
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W. Lombard
Remarks,	

8 9 8 0 0 0 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practicer of midwifery, or should no other parents of such attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the office immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 6 1898
4. Place of Birth, (Street and Number) 614 N. Broadway
5. Full Name of Mother, Annie D. Schmidt
6. Mother's Maiden Name, " " Stein
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Hubert G. Schmidt
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 2030 N. Washington

Remarks,

1898000002735

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, May 6th 98

4. Place of Birth, (Street and Number) #1017 Eastern Ave St

5. Full Name of Mother, Sarah Merrison

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard

Remarks,

8 7 8 0 0 0 2 7 3 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 6th 1895
4. Place of Birth, (Street and Number) 1603 Hanover St
5. Full Name of Mother, Elizabeth Mullinix
6. Mother's Maiden Name, E. Cain
7. Mother's Birthplace, Cecil county Md
8. Full Name of Father, Albert Mullinix
9. Father's Occupation Engineer
10. Father's Birthplace, Howard county Md

Name of Medical Attendant, or other person who makes this Return, Edmund A. Anderson

Address, 1434 Patapsco St

Remarks,

8980002737

Wm. J. C. Dulany Co., City Printers and Stationers.

Act Ordaining its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 6, 1898
4. Place of Birth, (Street and Number) 1723 N Fulton Ave
5. Full Name of Mother, Genevieve Clakford
6. Mother's Maiden Name, Genevieve Stuhz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter R Clakford
9. Father's Occupation, Car Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Fred Blanke Jerrold St. H.

Address, 2238 Druid Hill Ave.

Remarks, 8980002738

Wm. J. C. Dulany Co., City Printers and Stationers

...mount of the State set forth as far as the same can be ascertained the number of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person of such shall occur upon the mother, immediately thereafter, in the manner and within the period above required, and attendance upon its birth to the Commissioner of Health, in the form of a certificate of the birth of any child shall become the duty of the person or parents of such Child to report its birth to the Commissioner of midwifery, or the practitioner of midwifery, in case the attendance of such any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 6th 1898
4. Place of Birth, (Street and Number)	1017 Washington
5. Full Name of Mother,	Maud G. Busch
6. Mother's Maiden Name,	Tress
7. Mother's Birthplace,	Balto
8. Full Name of Father,	L. J. P. Busch
9. Father's Occupation	Tinner
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	L. B. Schwatka M.D.
Address,	1003 N. Dlway
Remarks,	

1898 00 02739

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th of May 1898
4. *Place of Birth, (Street and Number)* 1604 Shakespeare St.
5. *Full Name of Mother,* Mary Tresina
6. *Mother's Maiden Name,* Linedelar
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Workman
9. *Father's Occupation* Frank Tresina
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Beth

Address, 828 S Bond St.

Remarks,

898000 740

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH A. 92036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May. 6' 98
4. *Place of Birth, (Street and Number)*	# 228 Cable st. S.
5. *Full Name of Mother,*	Eva Piffer
6. *Mother's Maiden Name,*	Eva Herold
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Piffer
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	# 241 S. Chester st
Remarks,	

8 7 8 0 0 0 2 7 4 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

...ing and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 6th. 1898
4. Place of Birth, (Street and Number) 1847 Myrtle av.
5. Full Name of Mother, Jennie Wolff
6. Mother's Maiden Name, Nash
7. Mother's Birthplace, New York City.
8. Full Name of Father, Julius Wolff
9. Father's Occupation Buyer of shoes
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return C M Cook M D,

Address. 1052 Myrtle av.

Remarks,

8980002742

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 6 1895
4. *Place of Birth, (Street and Number)* 207 Central Ave
5. *Full Name of Mother,* Goldie Sapperstein
6. *Mother's Maiden Name,* " Zunskin
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harris Sapperstein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Saberman.

Address, 42 Albemarle St.

Remarks,

8 9 8 0 0 0 2 7 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as the same can be ascertained by the [illegible] the date and place of birth, and the name, if any, which has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 6, 1894.
4. Place of Birth, (Street and Number) 312 High St
5. Full Name of Mother, Rachael Jacobson
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Germany
8. Full Name of Father, Abram Jacobson
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 40 Albemarle St

Remarks,

8 9 8 0 0 0 2 7 4 4

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 92040

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child 1898
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 4th
4. *Place of Birth, (Street and Number)*	Sharp
5. *Full Name of Mother,*	Margret Young
6. *Mother's Maiden Name,*	Margret Frost
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Williams Young
9. *Father's Occupation*	Type Setter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks.
Address,	1828 Light St
Remarks,	Caring Well

8780002745

Wm. J. C. Dulany Co., City Printers and Stationers.

The same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, and shall set forth as far as the

RETURN OF A BIRTH A. 92041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	May 6th 1898
4. *Place of Birth, (Street and Number)*	1511 E. Lombard st.
5. *Full Name of Mother,*	Hattie Tolson.
6. *Mother's Maiden Name,*	Hattie Tompson
7. *Mother's Birthplace,*	Chestertown Annearundel Co
8. *Full Name of Father,*	Henry Tolson Md
9. *Father's Occupation,*	Oysterman
10. *Father's Birthplace,*	Ches Tertown An Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Kate. A. Geiglein
Address,	805 Vine st.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH A. 92042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	may 7th 1898
4. *Place of Birth, (Street and Number)*	Eagle st # 18-34
5. *Full Name of Mother,*	Mary Lehmuth
6. *Mother's Maiden Name,*	Mary miller
7. *Mother's Birthplace,*	Columbia
8. *Full Name of Father,*	Louis Lehmuth
9. *Father's Occupation*	iron moulder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs E Keller
Address,	# 1922 Wilkins Ave
Remarks,	

6480002747

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH A. 92043

GIVEN NAME ADDED 3-13-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bessie ~~Ethel~~ Melman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether ~~male~~ or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th of May — 1898
4. Place of Birth, (Street and Number) 133 S. Bond St
5. Full Name of Mother, Anny Melman
6. Mother's Maiden Name, — Coren
7. Mother's Birthplace, Russia Kovne state
8. Full Name of Father, David Melman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia Kovne state

Name of Medical Attendant, or other person who makes this Return, H. Flinder M. D.

Address, 143 N. Front St.

Remarks,

8 9 8 U 0 0 2 7 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...should, upon such as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	7th of May 98
4. Place of Birth, (Street and Number)	2148 Wilkens Ave
5. Full Name of Mother,	Theresia Eichert
6. Mother's Maiden Name,	Theresia Hanzalik
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Eichert
9. Father's Occupation	Baker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Kenler Midwife
Address,	2116 W. Pratt St
Remarks,	

8988 0002749

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7/98
4. *Place of Birth, (Street and Number)* 2026 E. Lombard Str.
5. *Full Name of Mother,* Annie Volk
6. *Mother's Maiden Name,* " Mueller
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Volk
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

1898 00027 50

Wm. J. C. Dulany Co., City Printers and Stationers.

Notice.—Any person failing to furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 7th 1898
4. *Place of Birth, (Street and Number)*	1014 Central Ave
5. *Full Name of Mother,*	Lydia Maria Fonshell
6. *Mother's Maiden Name,*	Cecelia Maria Gannon
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	William Jacob Fonshell
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Mayersville
Name of Medical Attendant, or other person who makes this Return,	Mrs Annie O'Brian
Address,	902 Gremott Ave City
Remarks,	

B 9 8 0 0 0 2 7 5 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 92041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3rd

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) Negro
3. *Date of Birth,* May 7th 1898
4. *Place of Birth,* (*Street and Number*) 225 N. Montford Ave.
5. *Full Name of Mother,* Charlotte Cole
6. *Mother's Maiden Name,* Charlotte Thomason
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Louis Cole
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Lindsay Peters M. D.

Address, Johns Hopkins Hosp. Balto Md.

Remarks,

8980002752

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1235.]

RETURN OF A BIRTH. A 92148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 17 1898
4. Place of Birth, (Street and Number) 2000 N. Amer. st
5. Full Name of Mother, Mamie Lutz not married
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs Brown

Address, 2000 N. Exeter St

Remarks,

8 9 8 0 0 0 2 7 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of in the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1215.]

RETURN OF A BIRTH. A. 92049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 17 1898
4. *Place of Birth, (Street and Number)* 1231 Gay st
5. *Full Name of Mother,* Mary Heck
6. *Mother's Maiden Name,* Mary Percy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jos. Heck
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Crane

Address, 1600 N. Hilton st

Remarks,

8 9 8 0 0 0 7 5 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	May 7th 98
4. *Place of Birt (Street and Number)*	622 W Lombard
5. *Full Name of Mother,*	Susie Brooks
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Aenn M.D.
Address,	622 W Lombard
Remarks,	

8 y 8 U 0 0 2 7 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7th 1898
4. *Place of Birth, (Street and Number)* 907 Spring Alley
5. *Full Name of Mother,* Matilda Hoffman
6. *Mother's Maiden Name,* Matilda Horsman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Hoffman
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

1898 00027566

Health. — It shall be the duty of the Registrar to furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 d.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 7 th 1898

4. Place of Birth, (Street and Number) 641 North st.

5. Full Name of Mother, Mrs Anna Kroeger.

6. Mother's Maiden Name, Miss Anna Krumbeltein.

7. Mother's Birthplace, Germany.

8. Full Name of Father, John Henry Kroeger.

9. Father's Occupation Packing Box maker.

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs A M. Bischoff

Address, No 731 St Peter St

Remarks,

8980002757

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Saturday 7th May 1898

4. Place of Birth, (Street and Number) 1317 E. Lombard St.

5. Full Name of Mother, Retta Cohen

6. Mother's Maiden Name, Cohen

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Cohen

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs. Y. Feldman

Address, 1317 E Lombard St

Remarks,

8980002758

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate before the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 92054

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 7th 1898
4. Place of Birth (Street and Number)	1504 Bank St
5. Full Name of Mother	Marie Ella Augustin Roberts
6. Mother's Maiden Name	Marie Ella Augustin
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Frank Roberts
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elv Eleanor Nurse
Address	
Remarks	

8780002759

1236.]

RETURN OF A BIRTH. A 92055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 7 1898
4. *Place of Birth, (Street and Number)* 17 Bradlett St.
5. *Full Name of Mother,* Anna Frith
6. *Mother's Maiden Name,* Gassner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adolph Frith
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Steiss

Address, 1422 Eastern Ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 7 8 U 0 0 2 7 6 0

RETURN OF A BIRTH A 92056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7th 1895
4. *Place of Birth, (Street and Number)* 12 Chester St.
5. *Full Name of Mother,* Mary Hirsch
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* David Hirsch
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Boyle

Address, 20 E Monument St City

Remarks,

8 7 8 0 0 0 2 7 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7th 1898
4. *Place of Birth, (Street and Number)* 572 Fusstman st
5. *Full Name of Mother,* Esther A. Lon
6. *Mother's Maiden Name,* Esther A. Ebaugh
7. *Mother's Birthplace,* Carroll Co. Md
8. *Full Name of Father,* Wm H Lon
9. *Father's Occupation.* Factory Operator
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return. Wm H Lon

Address, 572 Fusstman st

Remarks,

18980002762

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 92458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th May - 1898
4. Place of Birth, (Street and Number) 1120 Ridgely st
5. Full Name of Mother, Annie Hamilton
6. Mother's Maiden Name, Annie Wagner
7. Mother's Birthplace, Shrewsbury - York Co Pa
8. Full Name of Father, George N Hamilton
9. Father's Occupation Shoe Worker
10. Father's Birthplace, Frederick Co Md

Name of Medical Attendant, or other person who makes this Return, Miss. Range

Address, 711 St. Paul St.

Remarks,

E 4 8 U 0 0 2 7 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 8-18-98
4. Place of Birth, (Street and Number) 1c Lemmy St 14-30
5. Full Name of Mother, Emma L Hauk
6. Mother's Maiden Name, Emma L Marard
7. Mother's Birthplace, Elicott City
8. Full Name of Father, Jerry Hauk
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs J Kelley

Address, 1c 1922 Millvin Ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

B 7 8 0 0 0 2 7 6 4

RETURN OF A BIRTH A. 92060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. ½

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th of may 96
4. Place of Birth, (Street and Number) 122 Forrest St
5. Full Name of Mother, Kathe Spahn
6. Mother's Maiden Name, Kathe Heimüller
7. Mother's Birthplace, Germany
8. Full Name of Father, Anton Spahn
9. Father's Occupation Brauer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kenler Midwife

Address, 216 W Pratt St

Remarks,

8980002765

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 9206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 8. day of May. 1898
4. *Place of Birth, (Street and Number)* Baltimore. Md. 814. Butler St.
5. *Full Name of Mother,* Eva Schnapfinger.
6. *Mother's Maiden Name,* Eva Seibold.
7. *Mother's Birthplace,* Europa. Sachsen Coburg.
8. *Full Name of Father,* George Schnapfinger.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return, Cathrina Mank

Address, 800 Hadenhalt St

Remarks, 8980002765

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stat[illegible]s.

RETURN OF A BIRTH A. 92064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 5th 1898.
4. Place of Birth, (Street and Number) 210 Camden Ave
5. Full Name of Mother, Yetta Eckstein
6. Mother's Maiden Name, " Theodore
7. Mother's Birthplace, Russia
8. Full Name of Father, Maris Epstein
9. Father's Occupation Capmaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Sherman

Address, 42 Aisquith St

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3 rd

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, May 5th 1891

4. *Place of Birth*, (*Street and Number*) Fayette 1012 E~ Sarah Laboratch

5. *Full Name of Mother*, " Seeslae

6. *Mother's Maiden Name*, Russia

7. *Mother's Birthplace*, Barney Laboratch

8. *Full Name of Father*, Junk - Shop

9. *Father's Occupation* Russia

10. *Father's Birthplace*, Mrs Ed. Soleman

Name of Medical Attendant, or other person who makes this Return, 42 Allemarle Dr.

Address,

Remarks, 1898000027688

Wm. J. C. Dulany Co., City Printers and Stationers.

manner and within the period above required, and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply wi h t jected to the fine of ten (1) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 1-10-58

A 92066

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Paul Charles ~~Fleischer~~ 2 child 189
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 8, 1898
4. Place of Birth, (Street and Number)	1213 S Charles St
5. Full Name of Mother,	Elizabeth Fleischer ~~Elizabeth Slusher~~
6. Mother's Maiden Name,	" Wode ~~Elizabeth Wade~~
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Paul Fleischer ~~Charles Paul Fletcher~~
9. Father's Occupation	Lead Burner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brookes
Address,	1828 Light St
Remarks,	Daing Well

8980002769

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 8th 1898
4. *Place of Birth, (Street and Number)*	1701 E Monument St
5. *Full Name of Mother,*	Kate Reichiell
6. *Mother's Maiden Name,*	Kate Blumm
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Wm J. Reichiell
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Annie O'Brien
Address,	902 Greenmount Ave
Remarks,	8980002770

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth within the period above required, and in the manner and within the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child 1898
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 8
4. Place of Birth, (Street and Number)	830 S Charles St
5. Full Name of Mother,	Lizzie Cropper
6. Mother's Maiden Name,	Lizzie Ba Baft
7. Mother's Birthplace,	Indiana
8. Full Name of Father,	Charles Cropper
9. Father's Occupation	Engraver
10. Father's Birthplace,	West Virginia
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	828 Light St
Remarks,	Daing Well

8980002771

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, May 8th 1898

4. Place of Birth, (Street and Number) 26 Jones Court

5. Full Name of Mother, Sarah Smith

6. Mother's Maiden Name, Sarah Clinton

7. Mother's Birthplace, St. Mary's Co. Md

8. Full Name of Father, Edam Smith

9. Father's Occupation Labour

10. Father's Birthplace, St. Mary's Co. Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hospital

Baltimore Md.

Remarks, 8980002772

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the Line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers

A. 92070

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8th 1848.
4. Place of Birth, (Street and Number) 941 Caliston Road.
5. Full Name of Mother, Ottilia Bauer
6. Mother's Maiden Name, Ottilia Reed
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Bauer
9. Father's Occupation, Coach Manufacturer.
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return. J. Thomas M.D.
12. Address, Oakeyville, Maryland.
13. Remarks, 8480002773

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 92071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, May 8th 98

4. Place of Birth, (Street and Number) 622 W. Lombard

5. Full Name of Mother, Louisa Dorsey

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D. 622 W. Lombard.

Address,

Remarks, 8980002774

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall be the duty of the person of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Blk

3. Date of Birth, 5-8-1894

4. Place of Birth, (Street and Number) 115 W. Lombard St.

5. Full Name of Mother, Mary Cook

6. Mother's Maiden Name, Mary Cook

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. E. Miller Reg'r

Address, 115 W. Lombard St.

Remarks, 8780002775

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female -
2. Race or Color, (if not of the white race) Negro -
3. Date of Birth, May 8 - 97
4. Place of Birth, (Street and Number) ~~Maryland General Hospital~~ Maryland General Hospital -
5. Full Name of Mother, Katie Talbot
6. Mother's Maiden Name, Katie Talbot
7. Mother's Birthplace, Annapolis
8. Full Name of Father, Scott Noggins
9. Father's Occupation waiter
10. Father's Birthplace, Va -
11. Name of Medical Attendant, or other person who makes this Return, W. D. Rexford M.D. Maryland General Hospital
12. Address,
13. Remarks, 8 9 8 0 0 0 2 7 7 6

attendance upon the mother, immediately thereafter, to make the return required by this section in the manner and within the period above required, and to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the penalty hereafter fail to comply with the provisions of this section shall be recovered as other fines and forfeitures are recoverable. person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 6th 1892
4. Place of Birth, (Street and Number) 708 Saratoga St.
5. Full Name of Mother, Nancy Wilson
6. Mother's Maiden Name, Cambridge
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles Connor
9. Father's Occupation Waiter
10. Father's Birthplace, Penn.

Name of Medical Attendant, or other person who makes this Return, Prof. Dorsey

Address, 1809 Lanvale St.

Remarks, 8780002777

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 8 of May. 1898.
4. *Place of Birth, (Street and Number)* 2215 Madayra Court.
5. *Full Name of Mother,* Rebara Thralbert
6. *Mother's Maiden Name,* = Fehrieves
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph. Thralbert.
9. *Father's Occupation* Labeln
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss. (Behnken)

Address, 2403 Forster Ave.

Remarks, 8 7 8 0 0 0 2 7 7 8

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8. 1898
4. Place of Birth, (Street and Number) 1704 William St.
5. Full Name of Mother, Mrs. Theodora Krimmelbein
6. Mother's Maiden Name, " Schultz
7. Mother's Birthplace, Germany
8. Full Name of Father, Leopold Krimmelbein
9. Father's Occupation Engineer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. H. Grosham, M.D.

Address, 1303 Light St.

Remarks,

8980002779

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8, 1898.
4. Place of Birth, (Street and Number) 112 Little Hill St.
5. Full Name of Mother, Florence May Messick
6. Mother's Maiden Name, Chapplain
7. Mother's Birthplace, America
8. Full Name of Father, Robert P. Messick
9. Father's Occupation Tin Operator
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Dr. Rubinstein

Address, 123 W. Barre St.

Remarks, 8980002780

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (1[illegible] dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 5 1898
4. *Place of Birth, (Street and Number)*	123 Clement st
5. *Full Name of Mother,*	Estella May Ramsey
6. *Mother's Maiden Name,*	E. M. Cole
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	David Ramsey
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Harford county, md
Name of Medical Attendant, or other person who makes this Return	Ellamora A. Anderson
Address,	1434 Patapsco st
Remarks,	

8980002781

...the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Ruby Clara Southworth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 4th 1898.
4. Place of Birth, (Street and Number) 2239 Wilkens Ave
5. Full Name of Mother, Anna Southworth
6. Mother's Maiden Name, Anna Woodington
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Clinton Southworth
9. Father's Occupation Miller
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Joseph W. Graham M.D.

Address, 2251 Wilkens Ave

Remarks,

8 9 6 0 0 0 2 7 8 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or parents shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ers and Stationers.

RETURN OF A BIRTH A 92080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd "
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 8th - 1898
4. *Place of Birth, (Street and Number)* 1724 Aisquith St"
5. *Full Name of Mother,* Mary E. Clark
6. *Mother's Maiden Name,* Mary E. Butler
7. *Mother's Birthplace,* Anne Arundel Co. Md.
8. *Full Name of Father,* Joseph W. Clark
9. *Father's Occupation,* Motorman
10. *Father's Birthplace,* Prince Georges Co. Md.

Name of Medical Attendant, or other person who makes this Return, C. R. Shoemaker M.D.

Address, 1733 Aisquith St"

Remarks, 8980002783

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 16th

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* May 8th 198
4. *Place of Birth,* (*Street and Number*) No. 1905 Guilford ave
5. *Full Name of Mother,* Minnie Hellmuth
6. *Mother's Maiden Name,* Koenig
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Hellmuth
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, 1907 E. Monument St.

Remarks,

8980002784

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 6-15-60

RETURN OF A BIRTH A. 92082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Delphia Augenblick~~ Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8th 1898
4. Place of Birth, (Street and Number) 200 S. Washington St.
5. Full Name of Mother, Rosa Augenblick
6. Mother's Maiden Name, Rose Dessen
7. Mother's Birthplace, Russia
8. Full Name of Father, Mayer Augenblick
9. Father's Occupation, Taylor
10. Father's Birthplace, Rubsia

Name of Medical Attendant, or other person who makes this Return, G. A. Chiras M.D.

Address, 246 S. Broadway

Remarks, Name of Infant Delphia R. Augenblick

attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 169 W. West st May 1898
4. Place of Birth, (Street and Number) 169 W West Hamburg
5. Full Name of Mother, Elizabeth Benson
6. Mother's Maiden Name, Elizabeth Morris
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Josiah Benson
9. Father's Occupation Drayman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Abillas Brooks

Address, 1132 Warner Street

Remarks, Mother well as can be expected

8 9 8 0 0 0 2 7 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

N[redacted] Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 15

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, 8 of May 1896
4. *Place of Birth*, (*Street and Number*) 228 N. West Street
5. *Full Name of Mother*, Mary Jane Mongahey
6. *Mother's Maiden Name*, Mary Jth Morsell
7. *Mother's Birthplace*, Westmorland Co Va
8. *Full Name of Father*, Benjamin Morsell
9. *Father's Occupation* Laborer
10. [redacted]ther's Birthplace, Calvert County Md

Name of Medical Attendant, or other person who makes this Return, Abrilla Brooks

Address, 1132 Warner Street

Remarks, Mother well as can be expected

8980002787

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 92085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Marie Catherine Allbright 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9th May 1898

4. Place of Birth, (Street and Number) 114 Columbia Ave

5. Full Name of Mother, Annie Allbright

6. Mother's Maiden Name, Annie Orndorf

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Jesse Allbright

9. Father's Occupation Driver

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Jones

Address, 711 St Paul St.

Remarks, 8980002788

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5te
1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9te of May 95
4. *Place of Birth, (Street and Number)* 1935 Frederick Av
5. *Full Name of Mother,* Lina Löhnfeldes
6. *Mother's Maiden Name,* Lena Fischer
7. *Mother's Birthplace,* Balle
8. *Full Name of Father,* Henry Löhnfelder
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Balle
11. *Name of Medical Attendant, or other person who makes this Return,* Friederike Kaulen midwife
12. *Address,* 2116 W Pratt St
13. *Remarks,*

18980002789

...shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 Day of May 1898
4. Place of Birth, (Street and Number) 833 Sedenhall street
5. Full Name of Mother, Annie Lizzie Landman
6. Mother's Maiden Name, Mrs Edward [redacted] Dautrey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Dauthrey
9. Father's Occupation [redacted] Hustler
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return, Mrs Minche
    Address, 100 Sedenhall St
    Remarks,

8980002790

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 9. 1898
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Davis (Sallie)
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Williams Mills
9. Father's Occupation Clerk
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Geo. W. Bolton M.D.

Address, The Johns Hopkins Hospital.

Remarks, 8 9 8 0 0 0 2 7 9 1

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

a. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* May 9th 1895

4. *Place of Birth, (Street and Number)* 1174 Pan St

5. *Full Name of Mother,* Estella Rolee

6. *Mother's Maiden Name,* Estella Motley

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Josiah Rolee

9. *Father's Occupation,* Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Louis Talbert

Address, 324 Chestnut St.

Remarks, Healthful Child

8980002792

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...n. J. C. Dulany Co., City Printers and Stationers.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 304 S. High Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 304 S. High Street (If rural give location)

3. Full name of child Ellen Kaplan

4. Date of birth May 10, 1898 (Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Moses Kaplan
10. Color or race White 11. Age at time of this birth ..... yrs.
12. Birthplace Russia (City, town, or county) (State or foreign country)
13. Usual occupation Shoe-maker
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Minnie Rosenberg
16. Color or race White 17. Age at time of this birth ..... yrs.
18. Birthplace Russia (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar May 19 1898

25. Signed Dr. Ch Hampson Jones 8 y 8 Registrar

26. Given name added ..... by Registrar per .....

(Signed) Robert E. Farber M.D. M. D.
Physician (or midwife) who attended this birth (Midwife)
or .....
Commissioner of Health and Registrar

Address ..... Date .....

VS 100

RETURN OF A BIRTH B. 92116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Name of child: Arthur Joseph ~~White~~ 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10, 1898
4. Place of Birth, (Street and Number) 10 McClellan alley
5. Full Name of Mother, Julia White
6. Mother's Maiden Name, Presler
7. Mother's Birthplace, Hungaria
8. Full Name of Father, Olid White
9. Father's Occupation, bicycle maker
10. Father's Birthplace, Woodstown, N.J.

Name of Medical Attendant, or other person who makes this Return, J. C. Josephson, M.D.

Address, 214 S. Exeter St.

Remarks, Name Joseph

8 9 8 0 0 0 2 7 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

the Commissioner of Health, or should no other person be in
third day of each and every month to the office of a physician or prac
shall occur without the attendance of the person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 92120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 11/24

4. *Place of Birth, (Street and Number)* 17 Hollins st

5. *Full Name of Mother,* Mary Garvey Higgins

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Patrick Garvey

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs O'Hagan

Address, 524 Hollins st

Remarks,

8 Y 8 U 0 0 2 7 9 5

Health. This schedule shall contain as far as can be ascertained, the full name and place of birth and the month, and shall set forth as far as the same can be ascertained the date and place of birth and the name and occupation of its parents, the date and place of marriage between the first and said schedule shall be delivered duly signed by the practitioner in the form of a certificate the birth of any child been conferred, its sex, color, the full name by the practitioner in attendance upon the mother. In case no other person be in third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no physician or other practitioner of midwifery or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C ...ny Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 92121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May the 11 1898

4. *Place of Birth, (Street and Number)* Forest St H. 25

5. *Full Name of Mother,* annie fowler

6. *Mother's Maiden Name,* annie Ziegler

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Howard Br fowler

9. *Father's Occupation* agent

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. E Kelly

Address, 1922 Milton Ave

Remarks,

C. Dulany Co,. City Printers and Stationers.

8756002796

RETURN OF A BIRTH. A 92722 92722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	may the 11 - 18. 98
4. Place of Birth, (Street and Number)	Sandwood st No 3. 34
5. Full Name of Mother,	Susanna J. Krausser
6. Mother's Maiden Name,	Susanna J. Smith
7. Mother's Birthplace,	germany
8. Full Name of Father,	John M. Krausser
9. Father's Occupation	Beer brewer
10. Father's Birthplace,	germany
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 19-22 Milton Ave
Remarks,	

B 9 8 6 0 0 2 7 9 7

C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A92123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 4th

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, May 11th 1891.
4. *Place of Birth*, (*Street and Number*) 624 E. Balto St
5. *Full Name of Mother*, Hope Farris
6. *Mother's Maiden Name*, Butrese
7. *Mother's Birthplace*, Greece
8. *Full Name of Father*, Nigil Farris.
9. *Father's Occupation* Actor
10. [redacted]ther's Birthplace, Greece

Name of Medical Attendant, or other person who makes this Return, Mrs E. Sherman.

Address, 42 Allemarle St.

Remarks,

8980002790

C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-11-49

RETURN OF A BIRTH. A 92124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Wallace Reidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11 1898
4. Place of Birth, (Street and Number) 1400 Decatur St.
5. Full Name of Mother, Lillie Reidt
6. Mother's Maiden Name, Lillie Jones
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Charles Reidt
9. Father's Occupation Merchant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, John Binson

Address, 218 W. Madison St.

Remarks,

8980002799

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

L. 92125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 11th, 1898

4. *Place of Birth, (Street and Number)* Granada + Pennhurst Ways West-Arlington

5. *Full Name of Mother,* Laura Antoinette

6. *Mother's Maiden Name,* Mattingly

7. *Mother's Birthplace* St. Mary's Co. Maryland

8. *Full Name of Father,* James E. Tippett

9. *Father's Occupation* Lawyer

Father's Birthplace, St. Mary's Co. Maryland

Name of Medical Attendant, or other person who makes this Return, Walton Bolgiano M.D.

Address, 2020 N. Charles St.

Remarks,

8980002800

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th 1898.
4. Place of Birth, (Street and Number) 1621 Potomac St
5. Full Name of Mother, Matilda Traut
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Conrad Traut
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, H. Lee Dorsey M.D.

Address, 1228 N. Charles St

Remarks, 8980002801

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 92127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 of may 1898 March 9th
4. Place of Birth, (Street and Number) 2425 Catherine St
5. Full Name of Mother, Clara L Knopf
6. Mother's Maiden Name, Clara L Gill
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Moteman Perkf
9. Father's Occupation Labr
10. Father's Birthplace, Albarter

Name of Medical Attendant, or other person who makes this Return

Address, Dr. H. L. Shockey

Remarks, 131 Cumberland St

8980002802

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-20-64 A 92128

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Freda Wolman

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wednesday March 15th 1905
4. Place of Birth, (Street and Number) 124 N. McCulloh Street
5. Full Name of Mother, Rosa Wolman
6. Mother's Maiden Name, " Waxman.
7. Mother's Birthplace, Russia
8. Full Name of Father, Mr. Wolman
9. Father's Occupation, Butter-wrapper-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Fredy Feldman

Address, 1013 E. Lombard St.

Remarks, 8980002803

Subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 92129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, May 11 1898
4. Place of Birth, (Street and Number) Colcroy 808
5. Full Name of Mother, Anne wright
6. Mother's Maiden Name, Anere Carrel
7. Mother's Birthplace, fredrick
8. Full Name of Father, george wright
9. Father's Occupation, laband
10. Father's Birthplace, Carrel County
11. Name of Medical Attendant, or other person who makes this Return, Brigit Hunt
12. Address, No 8 east Hurey sty
13. Remarks, ful 9 months

8 9 8 0 0 0 2 8 0 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 92130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 th Child
1. Sex, (state whether male or female)	B Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	11 th May 1898.
4. Place of Birth, (Street and Number)	No. 1644 E. Fait Ave L. P.
5. Full Name of Mother,	Lillie Jones
6. Mother's Maiden Name,	" Gaudsom
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thomas E. Jones
9. Father's Occupation	Soldier
Father's Birthplace,	New Jersey
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffler
Address,	No 1708 E. Fait Ave.
Remarks,	8 7 8 0 0 0 2 8 0 5

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 92131

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~) 3rd
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, May 11. 1898.
5. Place of Birth, (Street and Number) 1926 Montrose st.
6. Full Name of Mother, Annie Schmidt
7. Mother's Maiden Name, Annie Herget
8. Mother's Birthplace, Germany
9. Full Name of Father, George Justice Schmidt
10. Father's Occupation, Shoe Jobber
11. Father's Birthplace, Paris.
12. Name of Medical Attendant, or other person who makes this Return, Alfred M. Belt M.D.
13. Address, 1031 Cathedral st.
14. Remarks, 8 9 8 0 0 0 2 8 0 6

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 92132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) [redacted] Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Mai 11. 1898.
4. Place of Birth, (Street and Number) S. Bentalou 505. near Williams
5. Full Name of Mother, Louise Schoenebach.
6. Mother's Maiden Name, Louise Klammer
7. Mother's Birthplace, Berlien Germane.
8. Full Name of Father, William Schoenebeck
9. Father's Occupation Bauer Macher.
10. Father's Birthplace, Berlin Germane.

Name of Medical Attendant, or other person who makes this Return, Mrs Bertha Weinhardt.

Address, 1631 N. Pratt St. Baltimore Md.

Remarks,

1898 00028807

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, in case the birth of any child attendance upon the mother, immediately thereafter it shall child to report its birth to the Commissioner of Health, in the any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. A 92133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 16th 98
4. *Place of Birth, (Street and Number)* 878 Clifford St
5. *Full Name of Mother,* Henrietta Grant
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard

Remarks,

1898000280 8

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 7 1898

4. Place of Birth, (Street and Number) 2129 Loudon Av.

5. Full Name of Mother, Emma Bowers

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Bryan Bowers Jr

9. Father's Occupation Waiter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm Potts

Address, 20 N Macdonough St

Remarks, 8980002809

J. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 11/98

4. Place of Birth, (Street and Number) 1932 W. Fratt St

5. Full Name of Mother, Lilian Hansen

6. Mother's Maiden Name, Shiesling

7. Mother's Birthplace, U.S. (Balto)

8. Full Name of Father, Fredk Hansen

Father's Occupation, Cabinet Maker

10. Father's Birthplace, U.S. (Balto)

Name of Medical Attendant, or other Person who makes this Return. Upstar Dill M.D.

Address, 1334 W. Lombard St

Remarks, 8980002810

of persons the said Return is required by law to contain, shall forfeit and pay for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. A.92136

GIVEN NAME ADDED 11-16-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Leroy Edwin Gerding

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11 1898
4. *Place of Birth, (Street and Number)* 632 S Monford Ave
5. *Full Name of Mother,* Rosa Gerding
6. *Mother's Maiden Name,* " Horr
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jacob E Gerding
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J F Speckuall

Address, 14 N Patterson Park Ave

Remarks, 8980002811

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Blk.

3. Date of Birth, 5-11-98

4. Place of Birth, (Street and Number) 115 W. Lombard St.

5. Full Name of Mother, Florence Williams

6. Mother's Maiden Name, Florence Williams

7. Mother's Birthplace, Md

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. E. Miller Pedt

Address, 115 W Lombard St

Remarks,

8 9 8 0 0 0 2 8 1 2

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 11 - '48
4. *Place of Birth, (Street and Number)* Maryland General Hospital -
5. *Full Name of Mother,* Rebecca Piercy
6. *Mother's Maiden Name,* Rebecca Wilson
7. *Mother's Birthplace,* Balto -
8. *Full Name of Father,* Wm A Piercy
9. *Father's Occupation* Bricklayer -
10. *Father's Birthplace,* Va -

Name of Medical Attendant, or other person who makes this Return, Dr D Rexford M.D.

Address, Maryland General Hospital

Remarks,

8 7 8 U 0 0 2 8 1 3

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth March 11 1900 Moore's alley Balto Maryland

4. Place of Birth, (Street and Number) Balto - Maryland 500 Moores alley

5. Full Name of Mother, Martha Bordley

6. Mother's Maiden Name, Martha Bordley

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. D Rexford M.D.

Address, Maryland General Hospital

Remarks, Could get no history of the father

8980026 14

Failure to file the affidavit required by law, within ten days after the birth, subjects the mother to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11th 96.
4. *Place of Birth, (Street and Number)* 115 N. Lombard St.
5. *Full Name of Mother,* Maggie Hamb
6. *Mother's Maiden Name,* Maggie Hamb
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —
11. *Name of Medical Attendant,* or other person who makes this Return, W. E. Miller Resd.
12. *Address,* 115 N Lombard St.
13. *Remarks,* 8980002815

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co,. City Printers and Stationers.

CERTIFICATE CORRECTED 6-26-57

RETURN OF A BIRTH A 92141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elzetta Pearl Mc Cauley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 12, 1898

4. *Place of Birth, (Street and Number)* 514 Street city

5. *Full Name of Mother,* (Elizabeth) Mc Cauley

6. *Mother's Maiden Name,* Myers

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Samuel S Mc Cauley

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore co. Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8980002816

Wm. J. C. Dulany Co., City Printers and Stationers.

Child to report to the Commissioner of Health of the City of Baltimore for the purpose of having the birth of such child registered, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 92142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, may the 12-18-98
4. Place of Birth, (Street and Number) No Henry St No 13-42
5. Full Name of Mother, Lilley Chambers
6. Mother's Maiden Name, Lilly Galoway
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Austin L. Chambers
9. Father's Occupation waterman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Sellers

Address, No 1922 Williams Ave

Remarks,

1 8 9 8 0 0 0 2 8 1 7

of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) second (2)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 12T 1898
4. *Place of Birth, (Street and Number)* 1006 Low St
5. *Full Name of Mother,* Beke Brown
6. *Mother's Maiden Name,* Cohen
7. *Mother's Birthplace,* Russia Black State
8. *Full Name of Father,* Louis Brown
9. *Father's Occupation* Fruit Dealer
10. *Father's Birthplace,* Russia Home State

Name of Medical Attendant, or other person who makes this Return, H. Feinder M.D.

Address, 143 W Front St

Remarks,

8 9 8 0 0 0 2 8 1 3

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 May 1898
4. *Place of Birth, (Street and Number)* 725 Ann St
5. *Full Name of Mother,* Anne Baranoska
6. *Mother's Maiden Name,* A. Matoszynska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Martin Baranski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 S. Ann St

Remarks, Baltimore

8 7 8 U 0 0 2 8 1 9

Any person guilty of a violation of any of the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, May 12- 1898

4. Place of Birth, (Street and Number) The Johns Hopkins Hospital

5. Full Name of Mother, Daisy Simms

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Virginia

8. Full Name of Father, Samuel Fisher

9. Father's Occupation Laborer

Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks, 18980002820

Any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Md. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 92-1416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12/98
4. Place of Birth, (Street and Number) #2606 Hudson St
5. Full Name of Mother, Helen Zaborowski
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Zaborowski
9. Father's Occupation Moulder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Gaschnual

Address, #1710 Shue Anna St

Remarks, None

8980002821

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	May 12th 98
4. *Place of Birth, (Street and Number)*	622 W. Lombard
5. *Full Name of Mother,*	Sadie Locks
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W Lombard.
Remarks,	

8 Y 8 U 0 0 0 2 8 2 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C

3. Date of Birth, May 12th 98

4. Place of Birth, (Street and Number) 248 Bowers Court

5. Full Name of Mother, Mamie Ebbs

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

[redacted] Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard

Remarks,

8980002823

...ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	May 12th 98
4. *Place of Birth, (Street and Number)*	# 17 Vincent Alley
5. *Full Name of Mother,*	Francis Wright
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	632 W. Lombard.
Remarks,	Still Birth

8480002824

...any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, May 2 98
4. *Place of Birth*, (*Street and Number*) 222 E. Fayette St
5. *Full Name of Mother*, Margaret Lang
6. *Mother's Maiden Name*, Gutz
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Louis Lang
9. *Father's Occupation* Barber
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Milby

Address, 1620 Watson St

Remarks, 8980002825

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 12th 1896

4. Place of Birth, (Street and Number) North Ave & Second St

5. Full Name of Mother, Margaret Coffey

6. Mother's Maiden Name, " Davis

7. Mother's Birthplace,

8. Full Name of Father, Coffey

9. Father's Occupation

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr. Keyser

Address, 1 E. Chase St

Remarks,

8780002826

Subject to the fine of Ten Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 92152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

N[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12. th 1878
4. Place of Birth, (Street and Number) 1740 Milton Ave.
5. Full Name of Mother, Emma Burkhardt
6. Mother's Maiden Name, Schauze
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Burkhardt
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, 7 Mine Bank Lane

Remarks, [illegible] 8 4 8 0 0 0 2 8 2 7

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child 1898
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 12
4. Place of Birth, (Street and Number)	172 W Fort ave
5. Full Name of Mother,	Elise Mitchell
6. Mother's Maiden Name,	Elise Lu Li
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Mitchell
9. Father's Occupation	Printer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Dang Well

1 8 9 8 0 0 0 2 8 2 8

jected to the fine of ten (10) dollars for each offence, to be

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 12 1898
4. Place of Birth, (Street and Number)	811 Little Greene St
5. Full Name of Mother,	Jennie Goldstein
6. Mother's Maiden Name,	" Hirshovitz
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Mike Goldstein
9. Father's Occupation,	Driver
Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	Dr. Wm. Rutlinstein
Address,	123 W. Barre St.
Remarks,	8980002829

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th May 1898
4. *Place of Birth, (Street and Number)*	No 1406 Andre St L. P.
5. *Full Name of Mother,*	Mary Schwanke
6. *Mother's Maiden Name,*	" Mangenson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Schwanke
9. *Father's Occupation*	Labor
Father's Birthplace,	Germania
Name of Medical Attendant, or other person who makes this Return	Lizzie Schaeffler
Address,	No 1708 E. Fort Ave.
Remarks,	

1898 0002830

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lilian Belle Pitt
2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 17 '88

4. Place of Birth, (Street and Number) North Wolfrock

5. Full Name of Mother, Belle Pitt

6. Mother's Maiden Name, Belle Overlent

7. Mother's Birthplace, Md

8. Full Name of Father, William Pitt Jr

9. Father's Occupation Clerk B & O

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. Wheltine

Address, 2314 N Milton Ave.

Remarks, GIVEN NAME ADDED 1-8-64

8980002831

...Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 92157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Number Child of Mother, (state whether 1st, 2d, 3d, &c.) the 14th Child

1. Sex, (state whether male or female) ~~14th~~ Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May the 12th 1898
4. Place of Birth, (Street and Number) Balto Maryland. Elm Place 933
5. Full Name of Mother, Mary Randall
6. Mother's Maiden Name, Mary Robson
7. Mother's Birthplace, Kings Co. Virginia
8. Full Name of Father, Solo von Randall
9. Father's Occupation, Waiter
10. Father's Birthplace, West River

Name of Medical Attendant, or other person who makes this Return, Mary Burns

Address, 55 S Pyfond St

Remarks, None

8980002832

M. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 92158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) -6-

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) Colored
3. *Date of Birth*, 12th May at 4 o'clock A.M. 1898
4. *Place of Birth*, (Street and Number) 2221 McElderry Street
5. *Full Name of Mother*, Eleanora addison
6. *Mother's Maiden Name*, Batt
7. *Mother's Birthplace*, Somerset C.o. m.d.
8. *Full Name of Father*, John Henry Addison
9. *Father's Occupation* labor
10. *Father's Birthplace*, ann arundel C.o. m d

Name of Medical Attendant, or other person who makes this Return, Goodshire Amos-Cooper

Address, 502 McDonough street

Remarks, Mother and son are are getting along nicely

B 1 0 0 0 2 5 3 Baltimore City Md

. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 12-98
4. *Place of Birth, (Street and Number)* 30 E. Mount St
5. *Full Name of Mother,* Annie M. Sharle
6. *Mother's Maiden Name,* Merson
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* James M. Sharle
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, J Wm Finch M.D.

Address, DR. J. WM. FINCH 1019 N. FULTON AVENUE BALTIMORE

Remarks,

8780002834

Wm. J. C. Dulany Co,. City Printers and Stationers.

...third day of each and every month to the office of the ... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health, ... any such person or person... who shall hereafter fail to ... jected to the fine of ten ... dollars for each offence, to ... nce, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 92160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 12 - 98
4. *Place of Birth, (Street and Number)* Maryland Genral Hospital -
5. *Full Name of Mother,* Alice Taylor -
6. *Mother's Maiden Name,* Alice Taylor
7. *Mother's Birthplace,* Snowhill, Md -
8. *Full Name of Father,* Richard Steward -
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va -

Name of Medical Attendant, or other person who makes this Return, H D Redford M.D.

Address, Maryland Genral Hospital

Remarks,

1 8 7 8 0 0 0 2 8 3 5

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

h. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 12th 1898
4. Place of Birth, (Street and Number)	619 S. Ann Street
5. Full Name of Mother,	Linda Andersson
6. Mother's Maiden Name,	Rauh
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Augustus Anderson
9. Father's Occupation	Carpenter
Father's Birthplace,	Sweden
Name of Medical Attendant, or other person who makes this Return,	Mrs. H. Gross Midwife
Address,	1922 E Fayette Street
Remarks,	8980002834

...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 12th 1898. ~~May 12th 1898~~
4. *Place of Birth, (Street and Number)*	No. 2119 Clifton Street
5. *Full Name of Mother,*	Mrs. Irene Fowler
6. *Mother's Maiden Name,*	Irene Snyder
7. *Mother's Birthplace,*	Carroll Co. Md.
8. *Full Name of Father,*	Joseph Fowler
9. *Father's Occupation*	Cabinet maker
10. *Father's Birthplace,*	Carroll Co. Md.
Name of Medical Attendant, or other person who makes this Return,	E. G. Shower M.D.
Address,	1224 West North ave.
Remarks,	8980002837

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

... of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 13th 1898.
4. *Place of Birth, (Street and Number)* 1734 Boston Ave.
5. *Full Name of Mother,* Margaret Helfrich
6. *Mother's Maiden Name,* Margaret Eckhardt.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Helfrich,
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other person who makes this Return, Mrs. Mary E. Lucas
12. *Address,* 306 S. Chester St.
13. *Remarks,* Colored

8 9 8 U 0 0 2 8 3 8

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th
1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* May 13th 98
4. *Place of Birth, (Street and Number)* 510 E. Dallas Ave.
5. *Full Name of Mother,* Hattie Webb
6. *Mother's Maiden Name,* Hattie Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Webb
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other person who makes this Return, Mrs Mary C. Pusey
12. *Address,* 2206 E. Monument St City
13. *Remarks,*

8980002839

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

A. 92165

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 13, 1898.
4. Place of Birth, (Street and Number) 122 Canton Ave.
5. Full Name of Mother, Julie Slowinska
6. Mother's Maiden Name, Dunajewska
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Slowinsky
9. Father's Occupation coach man
10. Father's Birthplace, Baltimore.
11. Name of Medical Attendant, or other person who makes this Return, Dr. Butt.
12. Address, 838 S. Bond St.
13. Remarks, 8 9 8 0 0 0 2 8 4 0

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* May 31st 1898
4. *Place of Birth, (Street and Number)* 324 S. Wolf st
5. *Full Name of Mother,* Marie Oetken
6. *Mother's Maiden Name,* Marie Schlenbre
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Oetken
9. *Father's Occupation,* Cabinetmaker
10. *Father's Birthplace,* Germany
11. *Name of Medical Attendant,* or other person who makes this Return Mrs. Isabel Chase
12. *Address,* 1816 E. Pratt St.
13. *Remarks,* Natural Birth

8480002841

...in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub... be recovered as other fines and forfeitures are recoverable.

... & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 92167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* May 13 - 98 -
4. *Place of Birth, (Street and Number)* 1221 Parish Alley.
5. *Full Name of Mother,* Laura Johnson.
6. *Mother's Maiden Name,* Pumphrey.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Walter Johnson.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, H. S. Pfeiffer.

Address, 1122 Mount St.

Remarks, L. C. D. 8 9 8 0 0 0 2 3 4 2

attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifteenth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 1122 Druid Hill Ave

4. *Place of Birth, (Street and Number)* May 16 th 1898

5. *Full Name of Mother,* Annie Upton

6. *Mother's Maiden Name,* " Grey

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Richard Upton

9. *Father's Occupation* Coachman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave

Remarks,

8 9 8 0 0 0 2 8 4 3

In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth. May 13. 98

4. Place of Birth, (Street and Number) 1304 Riggs Ave

5. Full Name of Mother, Ann Rebecca Tongue.

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Riley

9. Father's Occupation Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return William Koch M.D.

Address, 1304 W. Lafayette Ave.

Remarks, 8980002844

Every birth is to be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

H. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 92170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 13 1898.
4. Place of Birth, (Street and Number) 1152 N Stricker St.
5. Full Name of Mother, Lenora Coon.
6. Mother's Maiden Name, Lenora Zigler.
7. Mother's Birthplace, Md.
8. Full Name of Father, Chas G. Coon.
9. Father's Occupation,
10. Father's Birthplace, Thurmont Md.

Name of Medical Attendant, or other person who makes this Return, E. J. Kefauver M.D.

Address, 1304 W Gilmor St.

Remarks,

8480002345

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Jno. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) Premature. 6th Child

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth, May 13 1898.

4. Place of Birth, (Street and Number) 151 E Baltimore St.

5. Full Name of Mother, Maria L Jett

6. Mother's Maiden Name, Maria L Webb

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, John K Jett

9. Father's Occupation Bookkeeper

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return John A Y Krug M D

Address, 662 N Eutaw St

Remarks, It is questionable if the Child lived five Min

Stillborn

8780002846

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) -2-

1. *Sex, (state whether male ~~or female~~)* male
2. *Race or Color, ~~(if not of the white race)~~* Colored
3. *Date of Birth,* 13 of may at 2-oclock P.m - 1898
4. *Place of Birth, (Street and Number)* 734 Prices. Court
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Louisa. Gestudr. Thornton
7. *Mother's Birthplace,* Baltimore city. m.d.
8. *Full Name of Father,* George. Johnson
9. *Father's Occupation* labor
10. *Father's Birthplace,* Baltimore city. m d

Name of Medical Attendant, or other person who makes this Return, Josephine. Amos. Cooper

Address, 902 N.C. Donaghe street-

Remarks, Mother is well. baby is very weak

Baltimore City Md

H 8 0 0 0 2 8 4 7

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-8-65

RETURN OF A BIRTH

A 92173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Teresa ~~Flanigan~~,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 13 th 1898
4. Place of Birth, (Street and Number) Baltimore, 936 N. Fayette st
5. Full Name of Mother, Mrs. Louise Flanigan
6. Mother's Maiden Name, Louise Gube.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Flanigan
9. Father's Occupation Machinist
10. Father's Birthplace, New York.

Name of Medical Attendant, or other person who makes this Return, Mrs. Hunter

Address, 23. N. Poppleton st.

Remarks, 8980002848

Wm. J. C. Dulany Co., City Printers and Stationers.

The ... upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... ascertained upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 92174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 13/98

4. Place of Birth, (Street and Number) #1708 E. Pratt st

5. Full Name of Mother, Anna Murray

6. Mother's Maiden Name, Anna ~~Mc~~ Lewis

7. Mother's Birthplace, Balto.

8. Full Name of Father, James Murray

9. Father's Occupation Engineer

10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, Mary A. Portner

Address, #241 S Chester st

Remarks, 8 9 8 0 0 0 2 8 4 9

Every person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-13-56

RETURN OF A BIRTH A. 92175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Mary Eliza Childs 1st
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white.
3. *Date of Birth,*	May 13, 1898.
4. *Place of Birth, (Street and Number)*	1027 N Broadway
5. *Full Name of Mother,*	Lillian Wood Childs
6. *Mother's Maiden Name,*	" " Edele
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Wm James Childs.
Father's Occupation,	Clerk.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return	Dr W. P. Morgan
Address,	315 W. Monument St.
Remarks,	8480002850

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 92176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child 1898
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 13
4. *Place of Birth, (Street and Number)*	12 W McComas St
5. *Full Name of Mother,*	Mary Earley
6. *Mother's Maiden Name,*	Mary Callaway
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Earley
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Eight St
Remarks,	Damg Well

8 9 8 0 0 0 2 8 5 1

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 13th 1898

4. *Place of Birth, (Street and Number)* 1042 Greenmount Ave.

5. *Full Name of Mother,* Vinnie Ola Bell Bailey

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* York Co. Pa.

8. *Full Name of Father,* Harry E. Beck

9. *Father's Occupation* Railroading

10. *Father's Birthplace,* Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return, Harvey R Beck M.D

Address, 829 E. Chase St.

Remarks, 1898U002852

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, 13 May 1898
4. Place of Birth, (Street and Number) 617½ Pierce St.
5. Full Name of Mother, Florence Lusk
6. Mother's Maiden Name, Florence Janney.
7. Mother's Birthplace, Calvert Co
8. Full Name of Father, Gilbert Lusk
9. Father's Occupation Laborer,
10. Father's Birthplace, Calvert Co

Name of Medical Attendant, or other person who makes this Return, Dr J Alvornette

Address, 1023 S Broad St

Remarks, Dr J. H. Melvin 513

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 3th 1898
4. *Place of Birth, (Street and Number)* 2035 Mura St
5. *Full Name of Mother,* Mary Baker
6. *Mother's Maiden Name,* Mary Burgan
7. *Mother's Birthplace,* Baltimore Co. Md.
8. *Full Name of Father,* Jas N. Baker
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md

18980002854

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14 98
4. *Place of Birth, (Street and Number)* 1041 Fremont Ave
5. *Full Name of Mother,* Maud E. Mickey
6. *Mother's Maiden Name,* " " Depkert
7. *Mother's Birthplace,* Harrisburg Pa.
8. *Full Name of Father,* Jas F. Mickey
9. *Father's Occupation.* Clerk.
10. *Father's Birthplace,* Harrisburg Pa

Name of Medical Attendant, or other person who makes this Return. Wilkerson

Address,

Remarks, 1898000 2855

the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the ply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply wi jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 14th 1898.
4. *Place of Birth, (Street and Number)* 416 E. Baltimore St.
5. *Full Name of Mother,* Lizette Duchow.
6. *Mother's Maiden Name,* Lizette Schaffer.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Duchow.
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary E. Duncan

Address, 306 S. Chester St.

Remarks, City.

1898 00 02856

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14, 1898.
4. *Place of Birth, (Street and Number)* 3133 O'Donnel
5. *Full Name of Mother,* Lizzie O'Connell
6. *Mother's Maiden Name,* Lizzie O'Brine
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John O'Connell
9. *Father's Occupation* Shipping Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton Av.

Remarks,

8980002857

...any such false return of births ... subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14, 1898.
4. Place of Birth, (Street and Number) 822 Monford Ave
5. Full Name of Mother, Laura Wells
6. Mother's Maiden Name, Laura Rebelious.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Wells
9. Father's Occupation Farmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 8211 Canton Rd

Remarks, 1898000 2858

Any such person or persons as shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 92184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 14/18
4. Place of Birth, (Street and Number) 524 4th Ave
5. Full Name of Mother, Rachael V. Bungar
6. Mother's Maiden Name, " " Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robt. A. Bungar
9. Father's Occupation Salesman
10. Father's Birthplace, Balto Co. Md

Name of Medical Attendant, or other person who makes this Return, Wm H Feldmeier M.D.

Address, 1102 Chestnut Ave

Remarks, 8 7 8 0 0 0 2 8 5 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 92185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 14/98
4. *Place of Birth, (Street and Number)* 1228 Roland Ave
5. *Full Name of Mother,* Sarah E Herbst
6. *Mother's Maiden Name,* " " Cooper
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm H Herbst
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm H Feldman MD

Address, 1102 Chestnut Ave

Remarks, 8 7 8 0 0 3 2 8 6 0

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 May 1895
4. *Place of Birth, (Street and Number)* 1429 Lancaster St
5. *Full Name of Mother,* Kety Grayroska
6. *Mother's Maiden Name,* K.
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Bernard Grajkorski
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 S. Ann St

Remarks, Baltimore

8 9 8 U 0 0 2 8 6 1

any such person or persons who shall refuse or neglect to make the return required by this ordinance, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be

n. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 92187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, May 14-'98

4. Place of Birth, (Street and Number) The Johns Hopkins Hospital

5. Full Name of Mother, Annie Jones

6. Mother's Maiden Name, —

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Jones

9. Father's Occupation Laborer

10. Father's Birthplace, American

Name of Medical Attendant, or other person who makes this Return, Geo W. Dobbin M.D

Address, The Johns Hopkins Hospital.

Remarks, 0780002862

Chap. 10 of the Acts of 1898 of the Ordinances of Baltimore City. Sec. 10. And be it further ordained and enacted, That if any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 14th 1892
4. Place of Birth, (Street and Number)	Kuper Place 1309
5. Full Name of Mother,	Flora Cenrdia Thomas
6. Mother's Maiden Name,	" " Hohrein
7. Mother's Birthplace,	Dauphin Co Pa
8. Full Name of Father,	Howard Parker Thomas
9. Father's Occupation	Carpenter
Father's Birthplace,	Baltimore And
Name of Medical Attendant, or other person who makes this Return,	M A Ledley
Address,	1104 W Lexington St
Remarks,	8 7 8 0 0 0 2 8 6 3

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. A 92189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Name Evan Thomas Matthews

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 14/98

4. Place of Birth, (Street and Number) 2003 Madison Av

5. Full Name of Mother, Cora Matthews

6. Mother's Maiden Name, Cora Stone

7. Mother's Birthplace, Balto

8. Full Name of Father, Ellis Matthews

9. Father's Occupation Clerk

Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2018 Madison Av

Remarks, 8980002864

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 14/98
4. Place of Birth, (Street and Number)	# 719 S. Bond St
5. Full Name of Mother,	Mary Kamenski
6. Mother's Maiden Name,	Mary Polek
7. Mother's Birthplace,	Austria Poland
8. Full Name of Father,	Wladislaus Kamenski
9. Father's Occupation	Brass finisher
[redacted] Father's Birthplace,	Russia Poland
Name of Medical Attendant, or other person who makes this Return,	Annie Grochowal
Address,	# 1710 Alice Anna St
Remarks,	None

8 9 8 0 0 0 2 8 6 5

J. C. Dulany Co,. City Printers and Stationers.

A. 92191

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Number Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5- th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 14/98

4. *Place of Birth, (Street and Number)* # 719 S. Bond St

5. *Full Name of Mother,* Mary Kamenski.

6. *Mother's Maiden Name,* Mady Polets.

7. *Mother's Birthplace,* Austria Poland

8. *Full Name of Father,* Stladislaus Kamenski.

9. *Father's Occupation* Brass finisher

10. Father's Birthplace, Russia Poland

Name of Medical Attendant, or other person who makes this Return, Annie Grochowal.

Address, # 1710 Shee Anna St

Remarks, None

8 7 8 U 0 0 2 8 6 6

C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, may 14 1898
4. Place of Birth, (Street and Number) Baltimore City Central 483
5. Full Name of Mother, missouri M. O. Brien
6. Mother's Maiden Name, missouri Williams
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph O. Brien
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 815 N. Pallas St

Remarks, Doing well as expect.

8980002867

This day of each and every month a physician or practitioner of midwifery, or should no other person be in attendance, the person having charge of the premises where a birth shall occur shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, immediately thereafter. It shall be subject to the penalty of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 14th 1898
4. *Place of Birth, (Street and Number)* 1224 N. Caroline
5. *Full Name of Mother,* Lily Townsley
6. *Mother's Maiden Name,* Lily Knowles
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm P. Townsley
9. *Father's Occupation* Civil Engineer
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Geo D Ryan & Son M.D.

Address, 809 N Charles St

Remarks,

8980002868

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 92194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 10 the.

1. *Sex,* (*state whether male or female*) female.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* 14 of May. 1898.
4. *Place of Birth,* (*Street and Number*) 2440 forster Ave.
5. *Full Name of Mother,* Ida Juchter.
6. *Mother's Maiden Name,* = Ott.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Juchter.
9. *Father's Occupation*
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss. (Behnken)

Address, 2403 forster Ave.

Remarks, Mr. Juchter 8 8 0 3 0 2 8 6 9 age.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 3 rd.
1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* May 14 th. 1898.
4. *Place of Birth,* (*Street and Number*) 144 ~~H~~ E. Chester Street
5. *Full Name of Mother,* Kate Mc. Geary
6. *Mother's Maiden Name,* Lacy
7. *Mother's Birthplace,* —
8. *Full Name of Father,* John Mc. Geary
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. Wilhemina Schmidt

Address, 7 Mine Bank Lane

Remarks, 8 9 8 0 0 0 2 8 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 18 1892

4. Place of Birth, (Street and Number) 22 Fawn Alley

5. Full Name of Mother, Mary Louisa

6. Mother's Maiden Name, Lehmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Louis

9. Father's Occupation Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Potts

Address, 205 N Washington Ave

Remarks, 8980002871

any such person or persons who shall receive fees to C... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) the fifth

1. *Sex, (state whether male or female)* Colord and male child

2. *Race or Color, (if not of the white race)* Colord race

3. *Date of Birth,* May th 14 1898

4. *Place of Birth, (Street and Number)* # 636 Cider Alley

5. *Full Name of Mother,* Sophia Jackson

6. *Mother's Maiden Name,* Sophia Hawkins

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Lewis Jackson

9. *Father's Occupation* Waiter

Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Jane Simms

Address, # 640 Raborg street

Remarks, Not any

8 7 8 0 0 0 2 8 7 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	3 Child 1898
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 17
4. *Place of Birth, (Street and Number)*	529 Charles St
5. *Full Name of Mother,*	Rose Spapolts
6. *Mother's Maiden Name,*	Rose Fall
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Spapolts
9. *Father's Occupation*	Lithographer
. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Doing Well

8980002873

child to report its birth to the Commissioner of this district, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14th. 1898
4. Place of Birth, (Street and Number) 918 Harford Ave.
5. Full Name of Mother, Emma Arnett
6. Mother's Maiden Name, Emma Budd
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Chas. S. Arnett
9. Father's Occupation Brass-grinder
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

B 9 8 0 0 0 2 8 7 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 14th 1898
4. *Place of Birth, (Street and Number)*	Taylor Street "Homestead" Baltimore, Md. near Edmondson Avenue
5. *Full Name of Mother,*	Mrs. Kate Devor.
6. *Mother's Maiden Name,*	Kate Handy
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Thomas Devor
9. *Father's Occupation*	Coachman
Father's Birthplace,	Baltimore Co. Md
Name of Medical Attendant, or other person who makes this Return,	E. J. Shower. M.D.
Address,	1224 West North ave.
Remarks,	8980002875

Any person who shall wilfully refuse or neglect to make the return required by this Act, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 14 - 98
4. *Place of Birth, (Street and Number)*	Maryland General Hospital.
5. *Full Name of Mother,*	Julia Riley
6. *Mother's Maiden Name,*	Julia Brady
7. *Mother's Birthplace,*	Balto - Md -
8. *Full Name of Father,*	Charles Riley -
9. *Father's Occupation*	Blacksmith -
Father's Birthplace,	Balto - Md -
Name of Medical Attendant, or other person who makes this Return,	W. D. Reynard M.D.
Address,	Maryland General Hospital.
Remarks,	8980002876

any such person or persons who shall neglect or refuse to make such Return, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 17th 1896
4. Place of Birth, (Street and Number)	1 W Wolfe St
5. Full Name of Mother,	Rose Wiegel
6. Mother's Maiden Name,	Schaffleier
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Chas Wiegel
9. Father's Occupation	Shoedealer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Bryan Middleton
Address,	1922 E Fayette Street
Remarks,	8980002877

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 16 1895.
4. *Place of Birth, (Street and Number)* 1605 Lancaster St.
5. *Full Name of Mother,* Stanislawa Lefsinsky
6. *Mother's Maiden Name,* Visniewska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Peter Lefsinsky
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Britt

Address, 838 S Broad St.

Remarks,

1 8 9 5 0 0 0 2 8 7 8

. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92204

to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Sex*, (*state whether male or female*) 2 child
2. *Race or Color*, (*if not of the white race*) [illegible]
3. *Date of Birth*, [illegible] 1898
4. *Place of Birth*, (*Street and Number*) 310 [illegible]
5. *Full Name of Mother*, [illegible]
6. *Mother's Maiden Name*, [illegible]
7. *Mother's Birthplace*, [illegible]
8. *Full Name of Father*, [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace*, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

8980002879

shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of the house within ten days thereafter, to report the birth to the Commissioner of Health, in the manner and with the particulars required by the provisions of this ordinance, and in the event of the mother, or the person in charge of the house, neglecting or failing to comply with the provisions of this ordinance, in addition to the penalties as other fines and penalties may be recovered as other fines and penalties are recovered, he shall be liable to a fine of ten dollars for each offence; and any such person or persons who shall refuse or neglect to attend upon the birth of any child, when requested so to do, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15th 1896
4. Place of Birth, (Street and Number) 1607 E. Lexington St.
5. Full Name of Mother, Mary Gold
6. Mother's Maiden Name, Mary Hemtzy
7. Mother's Birthplace, Germany
8. Full Name of Father, J. Gold
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, G. M. Lehninger M.D.

Address,

Remarks,

1896 00 02880

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) (seventh) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White race

3. Date of Birth, 15th day of May 1898.

4. Place of Birth, (Street and Number) [illegible] & Montgomery St Balto Md

5. Full Name of Mother, Katharine Stamm

6. Mother's Maiden Name, " Kallenbach

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Charles Ernest Stamm.

9. Father's Occupation Life Insurance Agent.

10. Father's Birthplace, Ottawa Illinois

Name of Medical Attendant, or other person who makes this Return, Catherine [illegible]

Address, 800 Eadenhall St

Remarks, 8980002881

[illegible]. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 15th 1898
4. *Place of Birth, (Street and Number)*	814 N. Carey st
5. *Full Name of Mother,*	Mary E. Tongue
6. *Mother's Maiden Name,*	" " Proctor
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Noble Talbot Tongue
9. *Father's Occupation*	Insurance Agent
10. *Father's Birthplace,*	U.S.A. Co Maryland
Name of Medical Attendant, or other person who makes this Return,	J Harvey Hill M.D
Address,	801 N. Allenby ave
Remarks,	

8 9 8 0 0 0 2 8 8 2

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother*, (*state whether 1st, 2d, 3d, &c.*)	6th
1. *Sex*, (*state whether male or female*)	Boy
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	May 15th 1898
4. *Place of Birth*, (*Street and Number*)	36 W Register St.
5. *Full Name of Mother*,	Rosa Gaidler
6. *Mother's Maiden Name*,	Dorbert
7. *Mother's Birthplace*,	Balto
8. *Full Name of Father*,	Louis Gaidler
9. *Father's Occupation*	Cigarmaker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Brown Midwife
Address,	1922 E Fayette Street
Remarks,	8980002883

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

N. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15 98
4. Place of Birth, (Street and Number) 413 S. Wolf St.
5. Full Name of Mother, Carrie Beck
6. Mother's Maiden Name, Kramer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. M. Beck
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, MIDWIFE,

Remarks, 2225 Baugh St.

8 9 8 0 0 0 2 8 8 4 Baltimore, Md.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15/98
4. Place of Birth, (Street and Number) 172 7 Ashland Ave.
5. Full Name of Mother, Lina Ott
6. Mother's Maiden Name, " Friedman
7. Mother's Birthplace, Germany
8. Full Name of Father, John Ott.
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 8 9 8 0 0 0 2225 High 8. 5 Baltimore, Md.

Failure to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15 98
4. Place of Birth, (Street and Number) 1837½ E. Lombard Str.
5. Full Name of Mother, Barbara Haspe
6. Mother's Maiden Name, " Herholdt
7. Mother's Birthplace, Balto.
8. Full Name of Father, Bernhard Haspe
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE.

Remarks, 8 9 8 0 0 0 2 3225 Gough St. Baltimore, Md.

The parent or parents of every child born in Baltimore City shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 May 1898
4. Place of Birth, (Street and Number) 1519 Aliceanna St
5. Full Name of Mother, Kety Borzuchowska
6. Mother's Maiden Name, K. Reichert
7. Mother's Birthplace, Germany
8. Full Name of Father, Julius Borzuchowski
9. Father's Occupation Laborer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 S. Ann St

Remarks, Baltimore

8 7 8 0 0 0 2 3 8 7

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92213

GIVEN NAME ADDED, 1-5-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George D. Walter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 b child 1898
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 15
4. Place of Birth, (Street and Number)	1528 Williams St
5. Full Name of Mother,	Katie Walter
6. Mother's Maiden Name,	Katie Jingling
7. Mother's Birthplace,	Fredrake Co Md
8. Full Name of Father,	Joseph Valentine Walter
9. Father's Occupation	Brakesman B&O
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Elyo Brooks
Address,	1828 Light St
Remarks,	Dang Well

8980002888

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

N[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, May 15th 1898

4. Place of Birth, (Street and Number) 130 E Columbia st

5. Full Name of Mother, Margt Larkin

6. Mother's Maiden Name, " Kay

7. Mother's Birthplace, Balto

8. Full Name of Father, Dominick Larkin

9. Father's Occupation Newsdealer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary Mc Morgan

Address, 412 Scott St

Remarks,

1898 00028889

[illegible]. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 15th 1898
4. *Place of Birth, (Street and Number)*	1318 E Chase Street
5. *Full Name of Mother,*	Alvina Rebecca Israel
6. *Mother's Maiden Name,*	Alvina Rebecca Madenkbin
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	George Milton Israel
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return	James A Whitaford Md
Address,	819 Aisquith Street
Remarks,	8980002890

Wm. J. C. Dulany Co., City Printers and Stationers.

92217

RETURN OF A BIRTH A. 92217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Fem
2. Race or Color, (if not of the white race) Colrd
3. Date of Birth, Sept 15 1898
4. Place of Birth, (Street and Number) 1710 Calvert st
5. Full Name of Mother, Lee Powell
6. Mother's Maiden Name, Lee
7. Mother's Birthplace, Balto
8. Full Name of Father, John Powell
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo. L. Schwartz

Address, 412 Park ave

Remarks, B 4800002891

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 15th 1898
4. Place of Birth, (Street and Number):	107 Penn st
5. Full Name of Mother,	Maggie Galious
6. Mother's Maiden Name,	" Usterjollandi
7. Mother's Birthplace,	Russia
8. Full Name of Father,	William Galious
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	Chas. L. Buddaboom
Address,	418. S. Paca st.
Remarks,	8 9 8 U 0 0 2 8 9 2

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 2/16/67

RETURN OF A BIRTH. A 92219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JENNIE PASOVSKY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 15th 1898
4. *Place of Birth, (Street and Number)* 821 E. Balt St -
5. *Full Name of Mother,* Ida Pasovsky
6. *Mother's Maiden Name,* Ida Silverman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abraham Pasovsky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Thomas Keller

Address, 703 E Baltic St Balto Md

Remarks,

8 9 8 0 0 0 2 8 9 3

shall occur without the attendance of a physician, midwife or nurse, it shall become the duty of the person or parents of such ...ance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines ... forfeitures are recoverable.

RETURN OF A BIRTH. A. 92220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 15- 98
4. Place of Birth, (Street and Number) 1618 Hanvale St 1898
5. Full Name of Mother, Eliza Casper
6. Mother's Maiden Name, " Eldecamp
7. Mother's Birthplace, Cumberland Md.
8. Full Name of Father, Charles Casper
9. Father's Occupation Merchant
10. Father's Birthplace, Balto Co
11. Name of Medical Attendant, or other person who makes this Return, H. Peddicord.
12. Address, Md. Homoe Hospital
13. Remarks, 8980002894

child to report as within prescribed, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child 1898
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 13
4. *Place of Birth, (Street and Number)*	504 E Barney St
5. *Full Name of Mother,*	Hannah Reed
6. *Mother's Maiden Name,*	Hannah O. Hall
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Reed
9. *Father's Occupation*	Brakesm Bo
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Dairy Well

8980002895

Every person required by this section to report births who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 day of May 1898.
4. *Place of Birth, (Street and Number)* 1703 Eldson Baltimore City
5. *Full Name of Mother,* Cristene Brunne Schmidt
6. *Mother's Maiden Name,* Cristene Schmidt Brunne
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Frank M. Schmidt
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Annie M. Geller

Address, 1703 Hanover st City

Remarks, —

8 9 8 0 0 0 2 8 9 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5/9/66

RETURN OF A BIRTH A 92223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HARRY ~~BAUER~~, JR.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 15 1898
4. *Place of Birth, (Street and Number)* 516 Exeter St.
5. *Full Name of Mother,* Lizzie Bauer
6. *Mother's Maiden Name,* O'Neill
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Bauer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E Pratt St.

Remarks,

8480002897

to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to co
ject to the fine of ten (10) dollars for each offence, to be
e, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 16th 1898.
4. *Place of Birth, (Street and Number)*	304 E. Durham St.
5. *Full Name of Mother,*	Ellen Willow
6. *Mother's Maiden Name,*	Ellen Thomas
7. *Mother's Birthplace,*	Balto County
8. *Full Name of Father,*	John H. Willow
Father's Occupation	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary E. Peggy
Address,	806 E. Biddle St.
Remarks,	City.

8 9 8 0 0 0 2 8 9 8

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 92225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March
4. *Place of Birth, (Street and Number)* 114 S. Eden alley
5. *Full Name of Mother,* Martha Ann Taylor
6. *Mother's Maiden Name,* Emma Lee Jones
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* Jacob Lange Ayler
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Charleston S.C.

Name of Medical Attendant, or other person who makes this Return, Geo. W. Adams

Address, 317 N. Eden Alley

Remarks, 8 7 8 0 0 0 2 8 9 9

attendance upon the mother, immediately after the birth, to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16th 1892
4. Place of Birth, (Street and Number) 1266 Columbia Ave 6th
5. Full Name of Mother, Catherine Lydia
6. Mother's Maiden Name, " " Fink
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Christian Fredrick Leidig
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm. Thomas Graf

Address, 827 E Lexington St

Remarks, 8980002900

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

y with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	six
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	with
3. *Date of Birth,*	May 16th 1898
4. *Place of Birth, (Street and Number)*	2101 N Fulton Ave
5. *Full Name of Mother,*	Pauline Levy.
6. *Mother's Maiden Name,*	Pauline Pfefferkorn
7. *Mother's Birthplace,*	Seko Austria
8. *Full Name of Father,*	Morris Levy.
9. *Father's Occupation*	Grocers.
10. *Father's Birthplace,*	Austria
Name of Medical Attendant, or other person who makes this Return,	Catherine Murphy
Address,	800 Baltimore St
Remarks,	1898002901

m. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 92228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16th 1898
4. Place of Birth, (Street and Number) 101 "Gay St
5. Full Name of Mother, Annie Lawrence
6. Mother's Maiden Name, " Brown
7. Mother's Birthplace, Howard County.
8. Full Name of Father, Thomas F Lawrence
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman.

Address, 42 Albemarle St.

Remarks,

8980002902

any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 16, 1898.

4. Place of Birth, (Street and Number) 111 Park Ave.

5. Full Name of Mother, Ally Rosenfeld

6. Mother's Maiden Name, " Seidenberg

7. Mother's Birthplace, Russia

8. Full Name of Father, Aaron Rosenfeld

9. Father's Occupation Shoefitter

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 42 Allemarle Av.

Remarks, 8980002903

any such person or persons who shall neglect or refuse to comply with and perform the provisions of this section shall be liable to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

h. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 16, 1898

4. Place of Birth, (Street and Number) 908 E. Pratt St

5. Full Name of Mother, Betsy Morris

6. Mother's Maiden Name, " Cohn

7. Mother's Birthplace, Russia

8. Full Name of Father, Abram Morris

9. Father's Occupation Storekeeper.

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 42 Albemarle Dr.

Remarks, 8980002904

any such person or persons who shall [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16th 1898
4. Place of Birth, (Street and Number) 213 N. Paca St
5. Full Name of Mother, Stephanie Cammarata
6. Mother's Maiden Name, " Centineo
7. Mother's Birthplace, Italy
8. Full Name of Father, Salvador Cammarata
9. Father's Occupation Huckster
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Marie Romano

Address, 302 North High St

Remarks, 1898 00029 05

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16 1895
4. Place of Birth, (Street and Number) 1050 E Chase St
5. Full Name of Mother, Fanny Sadof
6. Mother's Maiden Name, " Abrahamson
7. Mother's Birthplace, Russia
8. Full Name of Father, Philip Sadof
9. Father's Occupation Designer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Hrs E. Scherman.

Address, 42 Albemarle st.

Remarks, 8980002905

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 16 1898
4. *Place of Birth, (Street and Number)*	2736 Parkwood Ave
5. *Full Name of Mother,*	Margaret Angela Wiseman
6. *Mother's Maiden Name,*	Murray
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	John A. J. Wiseman
9. *Father's Occupation*	Flour merchant
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	C. M. Cook, M.D.
Address,	1052 Myrtle ave
Remarks,	1898000 2907

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 92234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 16/98 (Hampden)

4. Place of Birth, (Street and Number) #55 Brick Mill

5. Full Name of Mother, Mary J Chalk

6. Mother's Maiden Name, " " Fair

7. Mother's Birthplace, Montgomery Co. Md.

8. Full Name of Father, Chas. S. Chalk

9. Father's Occupation Laborer

10. Father's Birthplace, Prince Georges Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wm H F Deaver M.D.

Address, #102 Chestnut Ave

Remarks, B 7 8 0 0 0 2 9 0 8

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 10-31-60

RETURN OF A BIRTH. A 92235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charlotte Leola Henson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 16 1828.
4. Place of Birth, (Street and Number) 302 Biddle Ave.
5. Full Name of Mother, Lucille Henson.
6. Mother's Maiden Name, Harris
7. Mother's Birthplace, West River.
8. Full Name of Father, William Henson.
9. Father's Occupation Laboring
10. Father's Birthplace, Howard Co
11. Name of Medical Attendant, or other person who makes this Return, Mary E Jones
12. Address, 1009 Saratoga St.
13. Remarks,

8980002909

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* May 16 '98
5. *Place of Birth, (Street and Number)* 2209 Orme av
6. *Full Name of Mother,* Mrs. Ella E Cross
7. *Mother's Maiden Name,* " " Duff
8. *Mother's Birthplace,* Balto
9. *Full Name of Father,* D Harman Cross
10. *Father's Occupation* Printer
11. *Father's Birthplace,* Balto
12. *Name of Medical Attendant,* or other person who makes this Return, J Chew Worthington
13. *Address,* 1022 MADISON AVE.
14. *Remarks,* 8980002910

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the commissioner of health, in the manner and within the period above required, and any such person or persons shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born May 16th 1898
4. Place of Birth, (Street and Number)	#2112 Wilhelm St
5. Full Name of Mother,	Mrs. Mary Trost
6. Mother's Maiden Name,	Miss " Beckler
7. Mother's Birthplace,	Bayern Germany
8. Full Name of Father,	Mr. Wm Trost
9. Father's Occupation	Brewer
10. Father's Birthplace,	Bayern Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	#2008 Mc Henry St
Remarks,	8980002911

[illegible] manner and [illegible] of the Commissioner of Health, in the manner and [illegible] with the provisions of [illegible] child to report its birth to the Commissioner hereafter fail to comply with the provisions of [illegible] any such person or persons who shall hereafter fail to comply with the provisions of [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child 1898
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 16
4. Place of Birth, (Street and Number)	1339 Hanover St
5. Full Name of Mother,	Clara Lee
6. Mother's Maiden Name,	Clara Schofield
7. Mother's Birthplace,	Phila Delphia
8. Full Name of Father,	Louis H Lee
9. Father's Occupation	Frass Moulder
Father's Birthplace,	Richmond
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Baing well

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Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-23-57

RETURN OF A BIRTH. A 72239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Martha Sifford ~~Fuller~~ 2 Child 1858
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 16
4. Place of Birth, (Street and Number)	212 S Charles St
5. Full Name of Mother,	Mary Jane Fuller
6. Mother's Maiden Name,	Mary Jane Seifert
7. Mother's Birthplace,	England
8. Full Name of Father,	Hanard P Fuller
9. Father's Occupation	Blacksmith
9. Father's Birthplace,	Baltimore Co
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks
Address,	1828 Light St
Remarks,	Dairy Well

1898 0 0 2 9 1 3

Every physician or midwife in attendance upon a birth, and the father, mother or householder in every case where there is no physician or midwife in attendance, shall report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Female Child
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* March 16th 1898.
4. *Place of Birth, (Street and Number)* No 906 Bridel Alley
5. *Full Name of Mother,* Lizzie Rayner
6. *Mother's Maiden Name,* Lizzie Wehrman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Rayner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Thos Lake 906 Bridel Alley

Remarks,

1898000291 4

attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 92241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16th 1898
4. Place of Birth, (Street and Number) St Vincents Infant Asylum Druid Hill Ave
5. Full Name of Mother, Elmore Bibby
6. Mother's Maiden Name, " Hyland
7. Mother's Birthplace, New York
8. Full Name of Father, John Bibby
9. Father's Occupation, Apothecary in U S Navy
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Albarin Dodson.

Address, 1408 Madison Avenue

Remarks, 8980002915

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 92242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 5 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 16 th May 1878.

4. Place of Birth, (Street and Number) 134 Hollins

5. Full Name of Mother, Ida M Mayer

6. Mother's Maiden Name, Harkiller

7. Mother's Birthplace, Germany

8. Full Name of Father, Albert Mayer

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs A. M Bishop

Address, c/o 731 N. Pter St

Remarks,

8 9 8 0 0 0 2 9 1 6

any such person or persons who shall [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

A. 92243

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 16 1898
4. Place of Birth, (Street and Number) 2402 E. Fayette St.
5. Full Name of Mother, Anni Barbara Bauer
6. Mother's Maiden Name, Schneider
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Friedrich Bauer
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return, Mary Stein
12. Address, 1127 E. Oath St.
13. Remarks, 8980002917

Wm. J. C. Dulany Co., City Printers and Stationers.

In the manner and within the period above required, and
Commissioner of Health, in the
child to report its birth to the Commissioner of Health, in the
comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to
be recovered as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence, to

RETURN OF A BIRTH A. 92444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 16/98
4. *Place of Birth, (Street and Number)*	# 2627 Gough st
5. *Full Name of Mother,*	Julia Dorrity
6. *Mother's Maiden Name,*	Julia Darty
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Dorrity
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	# 241 S. Chester st.
Remarks,	8980002918

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A.92245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16th 1898.
4. Place of Birth, (Street and Number) 1724 N. Bethel st.
5. Full Name of Mother, Josephine C. Hyland McClain
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, Joseph B. Hyland
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks, 0980002919

Every person required by this section to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16/98
4. Place of Birth, (Street and Number) 815 Scott st
5. Full Name of Mother, Wanda A. Nickles
6. Mother's Maiden Name, do Kitzgall
7. Mother's Birthplace, Kiel, Germany
8. Full Name of Father, Clarence Nickles
9. Father's Occupation Laborer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, E. Wells M.D.

Address, 732 Mayfield st

Remarks, 1898 0002920

Every person required by law to report the birth of a child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 16-98
4. *Place of Birth, (Street and Number)* Maryland General Hospital
5. *Full Name of Mother,* Ella Johnson -
6. *Mother's Maiden Name,* Ella Johnson -
7. *Mother's Birthplace,* Balto- Md-
8. *Full Name of Father,* Charles Green
9. *Father's Occupation* Waiter -
10. *Father's Birthplace,* Penn-

Name of Medical Attendant, or other person who makes this Return, W D Rexford MD
Maryland General Hospital

Address,

Remarks, 8480002921

child to report its birth to the Commissioner of Health, and the Commissioner of Health, or his duly authorized agent, shall have power to administer oaths, and to comply with the provisions of this section shall be subject to a fine of not less than five (5) dollars nor more than twenty (20) dollars for each offence, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, May 16 1895
4. Place of Birth, (Street and Number) 1113 Brighton St Balto. Md.
5. Full Name of Mother, Mattie Johnson
6. Mother's Maiden Name, Mattie Bird.
7. Mother's Birthplace, Fort Scott, Kansas.
8. Full Name of Father, Daniel Johnson
9. Father's Occupation Painter
10. Father's Birthplace, King & Queen's Co. West Va.

Name of Medical Attendant, or other person who makes this Return, W. D. Rexford M.D.

Address, Maryland General Hospital.

Remarks, 8 9 8 U 0 0 2 9 2 2

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 28
4. *Place of Birth, (Street and Number)* 514 N Dallas St
5. *Full Name of Mother,* Carrie Lansby
6. *Mother's Maiden Name,* Lytle
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Walter Lansby
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Caroline Chatlin

Address, 1605 Walbrook St

Remarks,

8 7 8 0 0 0 2 9 2 3

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 1 '98
4. *Place of Birth, (Street and Number)* 1230 Eutaw St
5. *Full Name of Mother,* Mary Peters
6. *Mother's Maiden Name,* Lipp
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Jacob Peters
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr Carolyn Miller

Address, 1230 Eutaw St

Remarks,

8980002924

child to report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the ordinances of Baltimore City. Any person required to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 to b.

1. *Sex, (state whether male or female)* Male.

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* March 10 1911.

4. *Place of Birth, (Street and Number)* 218 S. Marion St.

5. *Full Name of Mother,* Rosie Goldstein

6. *Mother's Maiden Name,* Orsh.

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Fred. Goldstein

9. *Father's Occupation* Barber.

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Harris Tarin

Address, 1611 E. Baltimore St. Balto

Remarks, 8980002925

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Sex Male

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* May 17th 98

4. *Place of Birth, (Street and Number)* 834 Rabory St

5. *Full Name of Mother,* Nora Allen

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D.

Address, 622 W. Lombard

Remarks, 8980002926

child to report its birth to the Commissioner of Health, as aforesaid, shall comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	17. May. 1898.
4. *Place of Birth, (Street and Number)*	1501. Orleans. Street
5. *Full Name of Mother,*	Amy Champynes.
6. *Mother's Maiden Name,*	Anna Gold.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Robert Champynes.
9. *Father's Occupation*	Grosserist.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mary Klass.
Address,	N. E. North. Wolfe St.
Remarks,	

8 7 8 0 0 0 2 9 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

A 92254

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 17 th 98

4. Place of Birth, (Street and Number) 1603 W. Pratt St

5. Full Name of Mother, Anna E. Cook

6. Mother's Maiden Name, Anna E. Hench

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Wm. Cook

9. Father's Occupation Carpenter

10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, Mrs Bertha Weinkeroff

Address, Dr. 1631 W. Pratt St. Baltimore Md.

Remarks, 8980002928

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 5. And be it further enacted, That it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 92285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, May 17th, 1898
4. Place of Birth, (Street and Number) 212 Forest St.
5. Full Name of Mother, Bertha Campbell
6. Mother's Maiden Name, Bertha Williams
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Robt. E. Campbell
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters,

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8 9 8 U 0 0 2 9 2 9

attendance upon the mother, immediately thereafter, shall within the period above required, and in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 92256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Negro

3. *Date of Birth,* May 17 - 95

4. *Place of Birth, (Street and Number)* Maryland General Hospital

5. *Full Name of Mother,* Sarah Miles -

6. *Mother's Maiden Name,* Sarah Miles

7. *Mother's Birthplace,* Somerset Co. Md -

8. *Full Name of Father,* Richard Neal

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Anarundel Co Md -

Name of Medical Attendant, or other person who makes this Return, W. L. Rexford M.D

Address, Maryland General Hospital

Remarks, ...

1 8 9 8 0 0 0 2 9 3 0

ject to the fine of

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 92257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 17 - 95
4. *Place of Birth, (Street and Number)* Maryland General Hospital
5. *Full Name of Mother,* Estella Neal
6. *Mother's Maiden Name,* Estella Neal
7. *Mother's Birthplace,* Balto - Md
8. *Full Name of Father,* John Peaker
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Maryland -

Name of Medical Attendant, or other person who makes this Return, W. D. Reaford M.D

Address, Maryland General Hospital

Remarks, 8980002931

any such person or persons who shall refuse or neglect to comply herewith, shall be liable to a penalty of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered

m. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. *Sex, (state whether male or ~~female~~)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 17/98

4. *Place of Birth, (Street and Number)* 602 Gold st.

5. *Full Name of Mother,* Della F. Lehnhoff

6. *Mother's Maiden Name,* Green

7. *Mother's Birthplace,* Balto. Co. Md.

8. *Full Name of Father,* William F. Lehnhoff.

9. *Father's Occupation* Tobacco Dealer.

Father's Birthplace, Balto, Md.

Name of Medical Attendant, or other person who makes this Return, Wm. C. Miller M.D.

Address, 2239 Pennsylvania Ave.

Remarks,

84-80002932

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92759

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	May 1th 98
4. *Place of Birth, (Street and Number)*	622 W Lombard
5. *Full Name of Mother,*	Mary Laws
6. *Mother's Maiden Name,*	MARY POPP
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	IRA E. LAWS
9. *Father's Occupation*	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D. 622 W. Lombard
Address,	
Remarks,	8980002933

any such person or persons who shall neglect or refuse to comply herewith shall be guilty of a misdemeanor and upon conviction thereof shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 17 1898
4. Place of Birth, (Street and Number) 514 S. Bethel st.
5. Full Name of Mother, Aussie Korcesia
6. Mother's Maiden Name, Visnauskas
7. Mother's Birthplace, Pole
8. Full Name of Father, Essedor Korcesia
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pettl

Address, 838 S. Bond st.

Remarks, 8980002934

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a penalty of not less than five (5) dollars nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex, (state whether male or female)	white female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	17th May 1898
4. Place of Birth, (Street and Number)	922 Hanover St
5. Full Name of Mother,	Emma Nassauer
6. Mother's Maiden Name,	Emma Scheidt
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jacob Nassauer
9. Father's Occupation	Confectioner
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Catherine Grundy
Address,	800 Eadenhall St
Remarks,	

1898 0002935

Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8th

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 17th 1898
4. Place of Birth, (Street and Number) 817 S. Front st.
5. Full Name of Mother, Concescota Stuppa
6. Mother's Maiden Name,
7. Mother's Birthplace, Italy
8. Full Name of Father, L. John Stuppa
9. Father's Occupation Laborer
10. Father's Birthplace, Italy
11. Name of Medical Attendant, or other person who makes this Return, Mrs. G. Bernstein
12. Address, 122 S. Exeter St.
13. Remarks, 8980002936

jected to the fine of ten (10) dollars for each offence, to be re... to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th of May 96

4. Place of Birth, (Street and Number) 314 Parrish St

5. Full Name of Mother, Mina Schneider

6. Mother's Maiden Name, Mina Engelat

7. Mother's Birthplace, Germany

8. Full Name of Father, Carl Schneider

9. Father's Occupation Laber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 2116 W Pratt St

Remarks, 8980002937

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 17, 1898
4. *Place of Birth, (Street and Number)* 525 N. Pulton
5. *Full Name of Mother,* Mrs Annie M. Chapman
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Frederick Co-
8. *Full Name of Father,* Robert Chapman
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* St Marys Co

Name of Medical Attendant, or other person who makes this Return, J. D. Ghiselin

Address, 1214 Linden Ave

Remarks,

8980002938

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* III
1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 17/98
4. *Place of Birth, (Street and Number)* 2103 E. Madison St.
5. *Full Name of Mother,* Carrie Willingham
6. *Mother's Maiden Name,* " Schley
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Harry Willingham
9. *Father's Occupation* Hughsler
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bisenholer

Address, MIDWIFE,

Remarks, 8980002939 2225 Gough St. Baltimore, Md.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 92266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* F Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 day May 1898
4. *Place of Birth, (Street and Number)* 1611 Caster Av. St
5. *Full Name of Mother,* Mary Harris
6. *Mother's Maiden Name,* M. Lane
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Demesteni Harris
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Beeler

Address, 721 S Atm St

Remarks, Baltimore

1898 00029400

Wm. J. C. Dulany Co,. City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 17/98
4. Place of Birth, (Street and Number) 2004 E. Lombard St.
5. Full Name of Mother, Rosa Schwartzkopf
6. Mother's Maiden Name, " Seigel
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Schwartzkopf
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE. 2225 Gough St. Baltimore, Md.

Remarks, 8 9 8 0 0 0 2 9 4 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-1-59

RETURN OF A BIRTH A 92268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Harry Thomas

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11 1898
4. *Place of Birth, (Street and Number)* 1128 Riverside Ave
5. *Full Name of Mother,* Mary J Thomas
6. *Mother's Maiden Name,* Schroder
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William J Thomas
9. *Father's Occupation* Lab
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 454 Fe- ave

Remarks,

8980002942

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	May 17th. 1898
4. *Place of Birth, (Street and Number)*	303 N. Hoffman.
5. *Full Name of Mother,*	Mrs. Olaf G. Foss.
6. *Mother's Maiden Name,*	Annie McClenahan.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Olaf George Foss.
9. *Father's Occupation*	Silversmith.
10. *Father's Birthplace,*	Christiana Norway
Name of Medical Attendant, or other person who makes this Return,	Dr. William B. Perry.
Address,	Chase St. and Greenmount Ave.
Remarks,	1898 00 02943

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, May 17- 1898
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Priscilla D Sydnor
6. Mother's Maiden Name, —
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Jones
9. Father's Occupation Barber
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks, 8980002944

To comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. tg
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th of May 98
4. *Place of Birth, (Street and Number)*	329 Forrest St
5. *Full Name of Mother,*	Rike Walter
6. *Mother's Maiden Name,*	Rike Fiegel
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Jim Walter
9. *Father's Occupation*	Agent
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Kessler Midwife
Address,	214 W Pratt St
Remarks,	

1898 0002945

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 18th 1898

4. *Place of Birth (Street and Number)* 1436 N Front St

5. *Full Name of Mother* Mary Russ

6. *Mother's Maiden Name* " MacHugh

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Hibert Russ

9. *Father's Occupation* Saloon Keeper

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this return — Jas J Bell M.D

Address 894 Eutaw St

Remarks 8 9 8 U 0 894 Eutaw St

the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 92273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18, 1898
4. Place of Birth, (Street and Number) 837 Monford Ave
5. Full Name of Mother, Agtha Fintour
6. Mother's Maiden Name, Agtha Niermann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick Fintour
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary G Swayne

Address, 894 Eastend Ave

Remarks,

8980002947

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 92274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 18, 1898

4. Place of Birth, (Street and Number) 1406 E. Lombard St

5. Full Name of Mother, Yetta Dubinsky

6. Mother's Maiden Name, " Gusaakov

7. Mother's Birthplace, Russia

8. Full Name of Father, Morris Dubinsky

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42 Aldemarle St

Remarks,

1898 0002948

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

or practioner of midwifery, or should no other person be in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colard
3. *Date of Birth,* May 11th 1898
4. *Place of Birth, (Street and Number)* 217 York St
5. *Full Name of Mother,* Ida White
6. *Mother's Maiden Name,* Ida marass
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* arasi White
9. *Father's Occupation* Porter
10. *Father's Birthplace,* richmond va

Name of Medical Attendant, or other person who makes this Return, Sarah Thompson

Address, 217 york St

Remarks, 1898U002949

Wm. J. C. Dulany Co., City Printers and Stationers.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 18 — 1898
4. *Place of Birth, (Street and Number)* 119 E Dallas St.
5. *Full Name of Mother,* Annie Green
6. *Mother's Maiden Name,* Black
7. *Mother's Birthplace,* Accomack City Md
8. *Full Name of Father,* James Green
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Essex Co
11. *Name of Medical Attendant,* or other person who makes this Return, Mary Stein
12. *Address,* 1427 E Fratt St.
13. *Remarks,*

8980002950

m. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	May 18 · 1898
Place of Birth, (Street and Number)	329 ~~S~~. Bond st
Full Name of Mother,	Louisa Arbenheim
Mother's Maiden Name,	Louisa Herz
Mother's Birthplace,	Baltimore city
Full Name of Father,	George Wm. Arbenheim
Father's Occupation,	Druggist
Father's Birthplace,	Baltimore city
Name of Medical Attendant, or other Person who makes this Return	J. E. Hearn, M.D.
Address,	202 Aisquith st
Remarks,	

8 9 8 U 0 0 2 2 5 1

PRINTERS AND STATIONERS

RETURN OF A BIRTH A 92278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 11/98
4. *Place of Birth, (Street and Number)*	#404 Leiger Ave
5. *Full Name of Mother,*	Mary A Burns
6. *Mother's Maiden Name,*	" Schignoll
7. *Mother's Birthplace,*	York Penn
8. *Full Name of Father,*	R. E. L. Burns
9. *Father's Occupation*	R-R. caller
10. *Father's Birthplace,*	Balto Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Wm H. F. Duncan M.D.
Address,	#102 Chestnut Ave
Remarks,	8 7 8 U 0 0 2 9 5 2

Child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18. 1898
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Mary Moore
6. Mother's Maiden Name, Mary Dwyer
7. Mother's Birthplace, North Carolina
8. Full Name of Father, D. J. Moore
9. Father's Occupation Traveling Salesman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks,

1898002953

To secure the registration of births and deaths as required by law, the undersigned hereby agrees to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 May 1878
4. Place of Birth, (Street and Number) 1314 Micanna St
5. Full Name of Mother, Fresy Radowska
6. Mother's Maiden Name, I Franczkowska
7. Mother's Birthplace, Germany
8. Full Name of Father, Jiem Radowski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, 721 S. Lime St

Remarks, Baltimore

1878 0 0 0 2 9 5 4

Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92281.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Two

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 18/1898

4. Place of Birth, (Street and Number) 1023 Rice st.

5. Full Name of Mother, Laura Isaacks

6. Mother's Maiden Name, Hall

7. Mother's Birthplace, West River

8. Full Name of Father, Walter Isaacks

9. Father's Occupation Laboring

10. Father's Birthplace, West River

Name of Medical Attendant, or other person who makes this Return, Henry C Jones

Address, 1109 Saratoga St.

Remarks, Bolts Island

8 9 8 0 0 0 2 9 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18/98
4. Place of Birth, (Street and Number) #711 S. Durham St
5. Full Name of Mother, Constatine Sewickowski.
6. Mother's Maiden Name, Constatine Taylor.
7. Mother's Birthplace, Germany
8. Full Name of Father, August Sewickowski.
9. Father's Occupation Labor
10. Father's Birthplace, Germany.
11. Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.
12. Address, #1715 Alice Anna St
13. Remarks, None

8980002956

Any person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

one

RETURN OF A BIRTH A 92283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Michael ~~Edward~~ Powers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 18th 1898

4. Place of Birth, (Street and Number) 801 E. Eager St

5. Full Name of Mother, Anastatia (Anastia) Powers

6. Mother's Maiden Name, Anata Ryan

7. Mother's Birthplace, Ireland

8. Full Name of Father, William Powers

9. Father's Occupation Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

1898 0002957

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 18th 1898
4. *Place of Birth, (Street and Number)* 1014 Goodman ave
5. *Full Name of Mother,* Annie Apple
6. *Mother's Maiden Name,* Annie Bruns
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Apple
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Margrett Sprigg

Address, 1110 Goodman Ave

Remarks, 18980002958

the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A.92285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 18th, 1898
4. Place of Birth, (Street and Number)	2815 Parkwood Ave.
5. Full Name of Mother,	Helen Woodfall John.
6. Mother's Maiden Name,	Helen Woodfall
7. Mother's Birthplace,	England.
8. Full Name of Father,	Charles John.
9. Father's Occupation	Manufacturer of Shirt Waist.
10. Father's Birthplace,	Russia.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton M.D.
Address,	S.W. Cor. Walnut & Preston Sts.
Remarks,	8780002959

Every birth in the City of Baltimore shall be reported to the Commissioner of Health, in the manner and within the period above required, and the physician, midwife or other person who shall attend upon the birth of any child, or who shall be called upon to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 thd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colred
3. Date of Birth, Born May 18 th 1896
4. Place of Birth, (Street and Number) Little Monument st 1 Balto Md
5. Full Name of Mother, Jessey Johnson
6. Mother's Maiden Name, Jessey Jackson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Tomas ~~Jackson~~ Johnson
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Burns

Address, 556 Oxford st

Remarks, not any 8 0 0 0 2 9 6 0

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 92287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 15th 1898
4. Place of Birth, (Street and Number)	114 N. Dover st
5. Full Name of Mother,	Annie Grajausky
6. Mother's Maiden Name,	" Niunjalleke
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Vincent Grajausky
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	Chas. L. Buddenbaum M.D.
Address,	417 N. Dacaur
Remarks,	8980002-961

recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18th 1908
4. Place of Birth, (Street and Number) 1003 Patterson Park Ave
5. Full Name of Mother, Pauline M. Ulm
6. Mother's Maiden Name, Pauline Kuf
7. Mother's Birthplace, Germany
8. Full Name of Father, John Ulm
9. Father's Occupation Cabinet
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mr. Berry

Address, 1000 N. Chester St

Remarks, 8 9 8 0 0 0 2 9 6 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

Attendance upon the Mother, Examination of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 18th, 1898.
4. *Place of Birth, (Street and Number)* 1425 Prospect Lane
5. *Full Name of Mother,* Hattie Webb
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Not married
9. *Father's Occupation*
10. *Father's Birthplace,*
11. *Name of Medical Attendant, or other person who makes this Return,* Lindsay Peters M. D.
12. *Address,* Johns Hopkins Hosp.
13. *Remarks,* Baltimore, Md

8980002963

Child to report is duty to the Commissioners hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	FH
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Blk
3. Date of Birth,	May 16th 1898
4. Place of Birth, (Street and Number)	1514 Rogers ave
5. Full Name of Mother,	Sarah Nebalis
6. Mother's Maiden Name,	Sarah Walker
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Johns Nebalis
9. Father's Occupation	Labour.
[redacted] Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	U. M. Leitenger M.D.
Address,	115 N. Lombard St.
Remarks,	

1898 00029 64

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth.

1. *Sex, (state whether male or female)* Female.

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 18 1898

4. *Place of Birth, (Street and Number)* No. 530 E. Twenty-Third Street

5. *Full Name of Mother,* Mary Liebensperger

6. *Mother's Maiden Name,* Mary Grannis

7. *Mother's Birthplace,* Pennsylvania

8. *Full Name of Father,* E. J. Liebensperger

9. *Father's Occupation* Dental Clerk

Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return, Dr. A. Elwell Jr's

Address, 1741 Hanford ave.

Remarks, 8980002965

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 18th 1898
4. *Place of Birth, (Street and Number)*	1926 E Fayette Street
5. *Full Name of Mother,*	Mary Friedel
6. *Mother's Maiden Name,*	Voith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Friedel
9. *Father's Occupation*	Cigar Mfg
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Brown Midwife
Address,	1922 E Fayette Street
Remarks,	

8980002965

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	C
3. Date of Birth,	May 18th 98
4. Place of Birth, (Street and Number)	622 W Lombard
5. Full Name of Mother,	Annie Jones
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W. Lombard
Remarks,	

898002967

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	May 18th 98
4. *Place of Birth, (Street and Number)*	807 S. Eutaw
5. *Full Name of Mother,*	Catherine Dillihay
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen MD
Address,	632 W. Lombard
Remarks,	

8 9 8 0 0 0 2 9 6 8

Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 19. 1898

4. Place of Birth, (Street and Number) 925 Hillen st

5. Full Name of Mother, Lilly Clements

6. Mother's Maiden Name, L. Rice

7. Mother's Birthplace, Dorchester co. Md

8. Full Name of Father, James H. Clements

9. Father's Occupation, Fireman

10. [redacted]ther's Birthplace, Queen Anne's co. Md

Name of Medical Attendant, or other person who makes this Return Clemens & Anderson

Address, 1434 Patapsco st

Remarks, 8980002969

Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A.92296

GIVEN NAME ADDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ANNA MAY McMULLEN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19th 1898.
4. *Place of Birth, (Street and Number)* No. 29 Stafford St.
5. *Full Name of Mother,* Mary Sofilia McMullen
6. *Mother's Maiden Name,* Mary Sofilia Blunt.
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* William Henry McMullen.
9. *Father's Occupation.* Motorman
10. *Father's Birthplace,* Frederick Co.

Name of Medical Attendant, or other person who makes this Return, Mrs Elizabeth Wicks

Address, Hoffman Lane

Remarks,

8980002970

...of Health, in the manner and within the period above required, and ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-20-59

RETURN OF A BIRTH A 92297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 19 of May 1898

4. Place of Birth, (Street and Number) 509 ½ N Dallas St

5. Full Name of Mother, Ida Rebecca Smith

6. Mother's Maiden Name, Ida " Bundey

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Edward Eugene Smith

9. Father's Occupation Colored

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 815 N Dallas St.

Remarks, Doing Well

B 498 0002971

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Ernest Voss

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, May 27th 1898.

4. Place of Birth, (Street and Number) 221 Chester ave. Balto.

5. Full Name of Mother, Bertha Voss

6. Mother's Maiden Name, Bertha ~~Katharina~~ Koch

7. Mother's Birthplace, Germany

8. Full Name of Father, Joshua Voss.

9. Father's Occupation Baker.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm Mabry M. Taylor.

Address, 461 S. Patterson Pk. Ave Balto.

Remarks, 8980002972

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14 1895
4. Place of Birth, (Street and Number) 123 W. Barre St.
5. Full Name of Mother, Celie Kruff
6. Mother's Maiden Name, Celie Kaplan
7. Mother's Birthplace, Russia
8. Full Name of Father, Moses Lazarde Kruff
9. Father's Occupation, Clothier
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Rubinstein

Address, 123 W. Barre St.

Remarks, 8980002973

Wm. J. C. Dulany Co., City Printers and Stationers.

...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n or practioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it

RETURN OF A BIRTH A. 92300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 th. Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19th May 1898
4. *Place of Birth, (Street and Number)*	Towson St. No. 1314
5. *Full Name of Mother,*	Katie Bender
6. *Mother's Maiden Name,*	" Schreiner
7. *Mother's Birthplace,*	Germania
8. *Full Name of Father,*	Conrad Bender
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germania
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffler
Address,	No 1708 E. Fort ave.
Remarks,	

8 7 8 U 0 0 2 9 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child 1898
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 19
4. *Place of Birth, (Street and Number)*	1631 Carrington St
5. *Full Name of Mother,*	Mary Jane Wales
6. *Mother's Maiden Name,*	Mary Jane Manuis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Luke Wales
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Elyza Brooks
Address,	1828 Light St.
Remarks,	Damg Well

8 9 8 0 0 0 2 9 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, May 19 - 95

4. Place of Birth, (Street and Number) Maryland General Hospital

5. Full Name of Mother, Eliza Brown

6. Mother's Maiden Name, Eliza Brown

7. Mother's Birthplace, Gloster Co. Va.

8. Full Name of Father, Emanuel Griffin

9. Father's Occupation, Works on a steamboat

10. Father's Birthplace, Gloster Co Va.

Name of Medical Attendant, or other person who makes this Return, W. D. Rexford M.D.

Address, Maryland General Hospital

Remarks, 8480002976

child to report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd
1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* May 19th 98
4. *Place of Birth, (Street and Number)* 622 W. Lombard
5. *Full Name of Mother,* Annie Hoffman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. M. Aelen M.D.

Address, 622 W. Lombard

Remarks, 8980002977

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, May 19th 98

4. Place of Birth, (Street and Number) # 333 Hamburg St

5. Full Name of Mother, Florence Murray

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen MD.

Address, 6724 W. Lombard

Remarks,

8980002978

Child to report at office of the Commissioner of Health within ten days after birth. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 15/58
4. Place of Birth, (Street and Number) 1434 W. Fayette
5. Full Name of Mother, Birth. Dorsey
6. Mother's Maiden Name, Bishop
7. Mother's Birthplace, Balto Co. Md.
8. Full Name of Father, Jno. H. Jones
9. Father's Occupation Engineer
10. Father's Birthplace, Balto Co. Md.
11. Name of Medical Attendant, or other person who makes this Return, Dr. Ambush
12. Address, 1502 E. Baltimore St.
13. Remarks,

8 7 8 0 0 0 2 9 7 9

Child's report is not to be considered complete unless this certificate is filled out. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 9 1898
4. *Place of Birth, (Street and Number)* 728 S. Bethel St.
5. *Full Name of Mother,* Maggie Evans
6. *Mother's Maiden Name,* Krause
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Evans
9. *Father's Occupation* Lehrman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Broad St.

Remarks,

1898000 2980

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19 1896
4. *Place of Birth, (Street and Number)* 1136 E. Lombard St.
5. *Full Name of Mother,* Mary A. Stickline
6. *Mother's Maiden Name,* " " Kelly.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank J. Stickline.
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 42 Albemarle St

Remarks,

8980002981

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 19th 1898
4. Place of Birth, (Street and Number)	No 462 E. Cross St.
5. Full Name of Mother,	Mary L. Seymour.
6. Mother's Maiden Name,	Mary L. Mc. Dowell.
7. Mother's Birthplace,	Cecil Co Md.
8. Full Name of Father,	John R. Seymour.
9. Father's Occupation	Watchman of Water Department
10. Father's Birthplace,	Talbot Co.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooks
Address,	No 1828 Light St.
Remarks,	Doing Well

8 9 8 0 0 0 2 9 8 2

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex, (state whether male or female)	Male "
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 19 " 98
4. Place of Birth, (Street and Number)	405 N Mount St
5. Full Name of Mother,	Mrs Ethel Jones Jacobs
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Edward Jacobs
9. Father's Occupation	Lamp Lighter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	G. G. Lemmon
Address,	11 N Carey St
Remarks,	Instrumental

8980002983

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19, 1898.
4. *Place of Birth, (Street and Number)* 2531 Foster Ave.
5. *Full Name of Mother,* Emmie Johnes
6. *Mother's Maiden Name,* Emmie Stentine
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Paul Johnes
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary I Savayne

Address, 824 Canton Av

Remarks,

8980002984

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 4.9231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colard
3. *Date of Birth,* May 16th 19-1878
4. *Place of Birth, (Street and Number)* 313 S Charles St
5. *Full Name of Mother,* martha Brawn
6. *Mother's Maiden Name,* martha Hardie
7. *Mother's Birthplace,* Cathurt County
8. *Full Name of Father,* J. P. Brawn
9. *Father's Occupation* Driving
10. *Father's Birthplace,* Kent County

Name of Medical Attendant, or other person who makes this Return, Sara Thompson

Address, 2 Hoyard St

Remarks,

1898000 2985

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 19 1893

4. Place of Birth, (Street and Number) 204 S. Caroline St.

5. Full Name of Mother, Mary Elizabeth Lavinogh

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John P. Lavinogh

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Chase St.

Remarks, 8980002986

The manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 19 1898

4. *Place of Birth, (Street and Number)* 722 Griffith Alley

5. *Full Name of Mother,* Katharina Mielder

6. *Mother's Maiden Name,* Lutz

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* William Mielder

9. *Father's Occupation* Fireman

0. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E. Pratt St.

Remarks,

8 9 8 0 0 0 2 9 8 7

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) New born 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Born 19th of May 1898

4. Place of Birth, (Street and Number) on Leading Hall st 809

5. Full Name of Mother, Miss Sallie Fisher

6. Mother's Maiden Name, C,, ,, Thomas

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Noah Gilbert Fisher

9. Father's Occupation Driving a cart

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Annie Maria Davis

Address, 914 Leading Hall st

Remarks,

8 9 8 0 0 0 2 9 8 8

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 19. 98

4. *Place of Birth, (Street and Number)* The Johns Hopkins Hospital

5. *Full Name of Mother,* Annie Cellinskie

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* John Cellinskie

9. *Father's Occupation* pedlar

Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks, 8 9 8 0 0 0 2 9 8 9

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92316

GIVEN NAME ADDED 5-7-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Katherine Jarman / St. Buffington

No. of Child of Mother, (state whether 1st, 2d, 3d &c.)	
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	May 20, 1898
4. Place of Birth, (Street and Number)	723 E. Preston st
5. Full Name of Mother,	Leila Buffington
6. Mother's Maiden Name,	" Talbott,
7. Mother's Birthplace,	Md
8. Full Name of Father,	John J. Buffington,
9. Father's Occupation	Salesman,
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return,	O. Edward Janney M.D.
Address,	837 N. Eutaw st
Remarks,	

8 7 8 0 0 0 2 9 9 0

attendance upon the mother, immediately thereafter it shall become the duty of the person or parties child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or ~~female.~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, May 20 '98
4. Place of Birth, (Street and Number) 1017 Hartford Ave
5. Full Name of Mother, Mary A. Flaherty
6. Mother's Maiden Name, Mary Pinard
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Harry T Flaherty
9. Father's Occupation Electrician Inspector
10. Father's Birthplace, Balto Md. Ireland Md.

Name of Medical Attendant, or other person who makes this Return.

Address, 1502 Maund St

Remarks, Mrs Fortna

1898 0002991

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 24 1896

4. Place of Birth, (Street and Number) 120 S. Broad St.

5. Full Name of Mother, Ida Pitlisky

6. Mother's Maiden Name, Deutsch Deutsch

7. Mother's Birthplace, Pole

8. Full Name of Father, Mike Pitlisky

9. Father's Occupation Tailor-man.

Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Dr. Bell

Address, 120 Broad St.

Remarks,

8980002992

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-5-57

RETURN OF A BIRTH A. 12319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Margaret ~~Beatrice~~ Wilkie

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 20th 1898
4. Place of Birth, (Street and Number) 1201 Penna ave
5. Full Name of Mother, Beatrice Wilkie
6. Mother's Maiden Name, Welsh
7. Mother's Birthplace, Balto City
8. Full Name of Father, D. A. Wilkie
9. Father's Occupation Merchant
10. Father's Birthplace, Portland

Name of Medical Attendant, or other person who makes this Return, John Gotsch

Address, 647 N Lafayette ave

Remarks,

8980002993

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

URN OF A BIRTH. A. 92320

To the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20th '98
4. *Place of Birth, (Street and Number)* 1115 E. Pratt St
5. *Full Name of Mother,* Sarah Galdin
6. *Mother's Maiden Name,* " Rachmales
7. *Mother's Birthplace,* Bardichew Rus.
8. *Full Name of Father,* Issac Galdin
9. *Father's Occupation* Neck ties
10. *Father's Birthplace,* Minsk Russ.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 1022 E. Lombard St

Remarks, 8980002994

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A. 92321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: William Edgar Lane

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 20, 1898.
4. Place of Birth, (Street and Number) 613 China St.
5. Full Name of Mother, Florence Lane.
6. Mother's Maiden Name, Florence Green.
7. Mother's Birthplace, Md.
8. Full Name of Father, Herman Lane.
9. Father's Occupation Driver.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett.

Address, 609 Campbell St.

Remarks,

8 9 8 0 0 0 2 9 9 5

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...n. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 97322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colard
3. *Date of Birth,* Thursday Dec 20 1877
4. *Place of Birth, (Street and Number)* 223 W York st
5. *Full Name of Mother,* Ella Wiley
6. *Mother's Maiden Name,* Ella Russell
7. *Mother's Birthplace,* Accomac co Va
8. *Full Name of Father,* Wm Wiley
9. *Father's Occupation* fireman
10. *Father's Birthplace,* Baltimore co md

Name of Medical Attendant, or other person who makes this Return, Sarah Thompson

Address, 214 W York St

Remarks, 8 9 8 0 0 0 2 9 9 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 20th 1898
4. *Place of Birth, (Street and Number)* Maternite, Balto. University Hospital
5. *Full Name of Mother,* Mary Thomas
6. *Mother's Maiden Name,* Mary Price
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Thomas
9. *Father's Occupation* Laborer
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, C. Irving Rowland M.D.

Address, Baltimore University Hospital

Remarks,

1898000299 7

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 92324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Emil Christopher Mulz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 20 — 1898
4. Place of Birth, (Street and Number) 415 E. Central Ave.
5. Full Name of Mother, Clara Mulz
6. Mother's Maiden Name, Klotz
7. Mother's Birthplace, Germany
8. Full Name of Father, Karl F. Mulz
9. Father's Occupation Shoe-Maker
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other person who makes this Return, Mary Stein
12. Address, 1427 E. Fayette St.
13. Remarks, 1898 00029 98

The manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and comply with the provisions of this section shall be subject any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 20/98

4. *Place of Birth, (Street and Number)* 417 Hall St

5. *Full Name of Mother,* Kate Mitchell

6. *Mother's Maiden Name,* Cunningham

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Robert Mitchell

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs O'Hayer

Address, 1927 Hollins St

Remarks,

8 9 8 U 0 0 2 9 9 9

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20- 1898
4. *Place of Birth, (Street and Number)* The Johns Hopkins Hospital
5. *Full Name of Mother,* Lena Brant-
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* Baltimore
9. *Father's Occupation* Charles White
10. *Father's Birthplace,* Sailor

Name of Medical Attendant, or other person who makes this Return, Louisiana

Address, Geo. W. Dobbin M.D.

Remarks, The Johns Hopkins Hospital.

8 9 8 0 0 0 3 0 0 0

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* May 20 1898

4. *Place of Birth, (Street and Number)* The Johns Hopkins Hospital

5. *Full Name of Mother,* Sallie Procter

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* John Holt-

9. *Father's Occupation* clerk

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Grafton Dolphin M.D.

Address, The Johns Hopkins Hospital.

Remarks, 8980003001

J. C. Dulany Co., City Printers and Stationers.

Penalty for making false statements in this Return, or for neglecting to make Return, or for making Return after the time prescribed by law, is a fine of not less than $5 nor more than $20 for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20th 98
4. Place of Birth, (Street and Number) 708 Albert st
5. Full Name of Mother, Kathern Ann Conners
6. Mother's Maiden Name, Kathern A Murphy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Conners
9. Father's Occupation Driver
10. [redacted] Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Penegar

Address, 2847 Sanwail st

Remarks, 1898000 3002

J. C. Dulany Co,. City Printers and Stationers.

A. 92329

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 20/98

4. Place of Birth, (Street and Number) 1803 Orleans St.

5. Full Name of Mother, Carolina Wehr

6. Mother's Maiden Name, Ritzold

7. Mother's Birthplace, Balto.

8. Full Name of Father, Henry Wehr

9. Father's Occupation Brass-Finisher

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8980003003

Wm. J. C. Dulany Co., City Printers and Stationers.

In the manner and within the period above required, and
ed to report its birth to the Commissioner of Health, in the
to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be re-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 20th 1898

4. Place of Birth, (Street and Number) Baltimore Md # 438 S Gilmore St

5. Full Name of Mother, Julia May Langlotz

6. Mother's Maiden Name, " " Lord

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Augustus Langlotz

9. Father's Occupation Cigar Maker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ogus Ogus Reamer

Address, # 414 S Strieker St. Baltimore

Remarks, Mother is doing well and the Child has sore eyes.

8 9 8 0 0 0 3 0 0 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 22, 1929

4. Place of Birth, (Street and Number) 1527 Division Ave

5. Full Name of Mother, Virginia Blackwell

6. Mother's Maiden Name, Virginia Blackwell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Blackwell

9. Father's Occupation Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Dr. R. Corkey

Address, 2 E. Lexington St

Remarks, Hospital

8980003005

(to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Any such person of persons who shall hereafter fail

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20/98
4. *Place of Birth, (Street and Number)* 2639 Frances st
5. *Full Name of Mother,* May Smith
6. *Mother's Maiden Name,* May Ingler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. P. Smith
9. *Father's Occupation,* Stove Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. W. Stonis M.D

Address, 1501 Presstman

Remarks,

8 9 8 0 0 0 3 0 0 6

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Friday May 20th 98 (1.35 PM)
4. Place of Birth, (Street and Number) 710 W Lexington St
5. Full Name of Mother, Agnes Pallies
6. Mother's Maiden Name, Agnes Hobbs
7. Mother's Birthplace, Cumberland Md
8. Full Name of Father, William Pallies
9. Father's Occupation Letter Carrier
10. Father's Birthplace, St Louis Mo.

Name of Medical Attendant, or other person who makes this Return, Winslow Lord

Address, 112 W Mulberry St.

Remarks, Baltimore

8480003007

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday May 20th 98 (155 St. Ave.)
4. *Place of Birth, (Street and Number)* 710 W Lexington St
5. *Full Name of Mother,* Agnes Pallies
6. *Mother's Maiden Name,* Agnes Hobbs
7. *Mother's Birthplace,* Cumberland Md
8. *Full Name of Father,* William Pallies
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace,* St Louis Mo.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Lee

Address, 112 W Mulberry St

Remarks, Baltimore

1898 0003 008

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the Mother, Name and Residence of Child, &c. Every Physician, Midwife or other person in attendance upon the Mother, shall make a return of the birth of each child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 92335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th.
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 20th, 1898
4. *Place of Birth, (Street and Number)* 619 N. Dallas St.
5. *Full Name of Mother,* Jennie Johnson
6. *Mother's Maiden Name,* Jennie Stepney
7. *Mother's Birthplace,* Baltimore Co., Md.
8. *Full Name of Father,* Dan'l Johnson
9. *Father's Occupation* Oysterman
10. *Father's Birthplace,* West River, Md.
11. *Name of Medical Attendant, or other person who makes this Return,* Lindsay Peters M. D.
12. *Address,* Johns Hopkins Hosp.
13. *Remarks,* Baltimore Md.

8980003009

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

A. 92336

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20th. 1898
4. Place of Birth, (Street and Number) 1414 Ashland Ave.
5. Full Name of Mother, Minnie Stevens
6. Mother's Maiden Name, Minnie Fisher
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Harry E. Stevens
9. Father's Occupation Driver
10. Father's Birthplace, Washington, D.C.
11. Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D
12. Address, Johns Hopkins Hospl.
13. Remarks, Baltimore Md.

8 9 8 0 0 0 3 0 1 0

Child to report its birth to the Commissioner of Health the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, May 20 - 98
4. Place of Birth, (Street and Number) Mayland General Hospital -
5. Full Name of Mother, Kissie Lewis
6. Mother's Maiden Name, Kissie Lewis
7. Mother's Birthplace, Did not know
8. Full Name of Father, could get no hosting of the Father -
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wm D. Ryland M.D.

Address, Mayland General Hospital -

Remarks,

8 9 8 0 0 0 3 0 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person having charge of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, May 20-98

4. Place of Birth, (Street and Number) Maryland General Hospital

5. Full Name of Mother, Carrie Smith

6. Mother's Maiden Name, Carrie Smith.

7. Mother's Birthplace, Balti - Md

8. Full Name of Father, George Jenkins

9. Father's Occupation Waiter

10. Father's Birthplace, Balti. Md.

Name of Medical Attendant, or other person who makes this Return, W D Rufford M.D.

Address, Maryland General Hospital

Remarks,

8 7 8 0 0 0 3 0 1 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 92339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 8
4. *Place of Birth, (Street and Number)* 221 Broad St
5. *Full Name of Mother,* Emma Grant
6. *Mother's Maiden Name,* Swift
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Grant
9. *Father's Occupation* Carpenter

Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1615 Hanover St

Remarks,

1898 0003013

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) F male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20 th 98
4. Place of Birth, (Street and Number) 5-07 W Lanvale
5. Full Name of Mother, Lotta Ford
6. Mother's Maiden Name, Lotta Swindell
7. Mother's Birthplace, Balto
8. Full Name of Father, Balto Ford
9. Father's Occupation, Ind Glass blower
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, D. F. Laird

Address, 1401 Eutaw

Remarks,

8 7 8 0 0 0 3 0 1 4

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20 1898
4. *Place of Birth, (Street and Number)* 2120 Ridgwood Ave
5. *Full Name of Mother,* Louise Shenninger
6. *Mother's Maiden Name,* [redacted] Black
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edward Shenninger
9. *Father's Occupation* Hostler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Jno C. Faulstich

Address, 2859 N. Fulton Ave

Remarks,

8980003015

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Male boy and girl.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* last Friday 30th 1898
4. *Place of Birth, (Street and Number)* 104 Garrison St
5. *Full Name of Mother,* Barrie Friedman.
6. *Mother's Maiden Name,* " Goldberg.
7. *Mother's Birthplace,* Russia.
8. *Full Name of Father,* Philip Friedman
9. *Father's Occupation,* Store keeper.
10. *Father's Birthplace,* Russia
11. *Name of Medical Attendant,* or other person who makes this Return, Mrs. J. Feldman
12. *Address,* 1013 E. Lombard St.
13. *Remarks,* 8980003016

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 923444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 29th 1898
4. Place of Birth, (Street and Number) 1811 Chapel Alley
5. Full Name of Mother, Josephine Gummer
6. Mother's Maiden Name, Kuhn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Gummer
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return, Mrs. H. Brown Midwife
12. Address, 1922 E. Fayette Street
13. Remarks, 8980003017

Any such person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, May 20th 98

4. Place of Birth, (Street and Number) 632 W. Lombard

5. Full Name of Mother, Carrie Smith

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen MD

Address, 632 W. Lombard

Remarks,

8 9 8 0 0 0 3 0 1 8

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 42346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 20 1898
4. *Place of Birth, (Street and Number)*	1113 N. Fulton Ave
5. *Full Name of Mother,*	Carrie Witting
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	Wm Geo Witting
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Eck Ballard M.D.
Address,	
Remarks,	

1898 0003019

Wm. J. C. Dulany Co., City Printers and Stationers.

All persons upon the whole or fractional part of whose premises a child is born, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 21st - 1898
4. Place of Birth, (Street and Number)	323 Scott St.
5. Full Name of Mother,	Mary Fullum Schmidt
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Bamburg Germany
8. Full Name of Father,	Arthur Fullum
9. Father's Occupation	Harness Maker
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Bange
Address,	711 N. Brooks St.
Remarks,	

1898 0003020

Wm. J. C. Dulany Co., City Printers and Stationers.

...ath, in the manner and within the period above required, and ...d to comply with the provisions of this section shall be sub... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be ... child to report its birth to the Commissioner of Health, in ... to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Blk.
3. Date of Birth,	May 21 1895
4. Place of Birth, (Street and Number)	36 Church St.
5. Full Name of Mother,	Eliza Musick
6. Mother's Maiden Name,	Eliza Robertson
7. Mother's Birthplace,	Md
8. Full Name of Father,	Louis Musick
9. Father's Occupation	Laborer
Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	G. M. Lidanyer M.D.
Address,	#115 W Lombard St.
Remarks,	8988000 3021

any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6-h

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 21st 1898

4. Place of Birth, (Street and Number) 1203 Druid Hill Ave.

5. Full Name of Mother, Lena Cohn

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Harris Cohn

9. Father's Occupation Tailor

Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks, 8980003022

Child to report his refusal to the Commissioner, hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21st 98
4. *Place of Birth, (Street and Number)* 1412 Battery Ave
5. *Full Name of Mother,* Sarah E. Carroll
6. *Mother's Maiden Name,* Sarah E. Thomas
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Charles E. Carroll
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other person who makes this Return, Mrs S. A. Delany
12. *Address,* 501 E. Clement st.
13. *Remarks,* 1898 0003023

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21/98
4. Place of Birth, (Street and Number) 247 N. High St.
5. Full Name of Mother, Ida Pohl
6. Mother's Maiden Name, Koehler
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Pohl
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 1898 U 0 0 3225 Gough St. 4 Baltimore, Md.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, May 21 - 95

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Josephine Carroll

6. Mother's Maiden Name, Josephine Hawkins

7. Mother's Birthplace, Calvert Co. Md.

8. Full Name of Father, Levy Carroll

9. Father's Occupation Laborer

Father's Birthplace, Prince Georges Co.

Name of Medical Attendant, or other person who makes this Return, W. D. Rapford M.D.

Address, Maryland Genl Hospital

Remarks,

8480003025

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 12353

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday May 7 st 1898
4. Place of Birth, (Street and Number) 1403 Eastern Ave,
5. Full Name of Mother, Hannah Rosenberg
6. Mother's Maiden Name, Russia
7. Mother's Birthplace, Hannah Goldstone
8. Full Name of Father, Raynuld Rosenberg
9. Father's Occupation, Store keeper.
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Dr. H. J. Feldman

Address, 1013 E. Lombard St.

Remarks,

1898 00030 26

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 92354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 21st 1898
4. *Place of Birth, (Street and Number)*	660 Portland St
5. *Full Name of Mother,*	Wilhelmenia Hesselenberg
6. *Mother's Maiden Name,*	Wilhelmenia Bueke
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henrich Hesselenberg
9. *Father's Occupation*	Cabinet Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wellington Fisher
Address,	734 N Peter St
Remarks,	

1898 0003027

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 92355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colard

3. Date of Birth, May 21st 1898

4. Place of Birth, (Street and Number) No 719 N Dallas

5. Full Name of Mother, Alice Price

6. Mother's Maiden Name, Not Married

7. Mother's Birthplace, St Marys County MD

8. Full Name of Father, John Wesley Lowdin

9. Father's Occupation Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Patson

Address, 815 N Dallas St

Remarks, doing very well 0 0 0 3 0 2 3

...ally such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st - Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 21st - 1895
4. *Place of Birth, (Street and Number)* 101 E. Eutaw st -
5. *Full Name of Mother,* Sarah Cooper
6. *Mother's Maiden Name,* Sarah Alexander
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Marshall Cooper
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Carroll Co Md.

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1509 Bruns st

Remarks, 1898 0003029

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex*, (state whether male or female) Males
2. *Race or Color*, (if not of the white race) Colored
3. *Date of Birth* May 21st 1898
4. *Place of Birth*, (Street and Number) 7 W Clay St.
5. *Full Name of Mother*, Rebecca J. Calloway
6. *Mother's Maiden Name*, Rebecca J. Ward
7. *Mother's Birthplace*, Richmond, Va.
8. *Full Name of Father*, Charles H. Calloway
9. *Father's Occupation*, Waiter
10. *Father's Birthplace*, Lynchburg, Va.

Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell, MD

Address, 401 Park Avenue

Remarks, Twin birth, at about 6½ months. Each gasped a few times after birth, therefore not a Still birth.

1898 B 00036

If an attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

GIVEN NAME ADDED 10-9-52

RETURN OF A BIRTH A. 92358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dorothea ~~Cousin~~ Hubbard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21st 1898
4. *Place of Birth, (Street and Number)* 836 Hillen St.
5. *Full Name of Mother,* Mary Hubbard
6. *Mother's Maiden Name,* Mary Pindell
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Saml Hubbard
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peter M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

1898 0003031

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* ~~March~~ May 21-98
4. *Place of Birth, (Street and Number)* Maryland General Hospital
5. *Full Name of Mother,* Jennie Jones
6. *Mother's Maiden Name,* Jennie Jones
7. *Mother's Birthplace,* Newbern N. C.
8. *Full Name of Father,* Willie Grey
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Wilson N. C.

Name of Medical Attendant, or other person who makes this Return, W. D. Reynolds M.D.

Address, Maryland Gen'l Hospital

Remarks,

8980003032

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 21-1898

4. Place of Birth, (Street and Number) 1228 Columbia ave.

5. Full Name of Mother, Lydia Wells

6. Mother's Maiden Name, Lydia Saunders

7. Mother's Birthplace, Md.

8. Full Name of Father, Henry Wells

9. Father's Occupation Insurance agent

Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G. M. Litzinger M.D.

Address, 115 W. Lombard St.

Remarks,

1898 0003033

subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21st 1898
4. Place of Birth, (Street and Number) 813 Hopkins Ave
5. Full Name of Mother, Maggie Porter
6. Mother's Maiden Name, Bauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Davis Porter
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Brune Midwife

Address, 1922 E Fayette Street

Remarks,

8980003034

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92362

GIVEN NAME ADDED 4/5/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Pearl Pauline Ball

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	C
3. Date of Birth,	May 21st 98
4. Place of Birth, (Street and Number)	627 W. Lombard
5. Full Name of Mother,	Alice Ball
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	L. M. Heim MD.
Address,	627 W. Lombard
Remarks,	18980003035

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

42363

RETURN OF A BIRTH A-11763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd
1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 21st 1898
4. *Place of Birth, (Street and Number)* #107 Raborg St
5. *Full Name of Mother,* Della Taylor
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L M. Allen M.D.

Address, 622 W. Lombard

Remarks,

8 9 8 0 0 0 3 0 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period required by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

registration of

, (state whether 1st, 2d, 3d, &c.) 4

male or female) M Female

not of the white race) White

Orig 21 1898

treet 1 Number) Keller 28 Pine

other, Kate McKune

Name, Katie Cahill

lace, Leland

Father, Dalton Alcohune

ation Police officer

hplace, Iowa

ical Attendant, or other person who makes this Return, Mrs Margaret Hooker

1898000037

A92364

s and Stationers.

RETURN OF A BIRTH A. 92365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Jan 1898
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	May 21-1898
4. *Place of Birth, (Street and Number)*	1361 Calhoun St Baltimore Md
5. *Full Name of Mother,*	Mary E Johnson
6. *Mother's Maiden Name,*	Mary E Johnson
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John Richardson
9. *Father's Occupation*	
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Maria Ford
Address,	1037 Whatcoat Street
Remarks,	

1898 0003038

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, may 7th 22
4. Place of Birth, (Street and Number) Madison st No 3434
5. Full Name of Mother, annie E gendening
6. Mother's Maiden Name, annie E Smith
7. Mother's Birthplace, Baltimore C C Md
8. Full Name of Father, albert gendening
9. Father's Occupation Shoe finisher
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mrs E Kellen

Address, No 1922 Wilkins Ave

Remarks,

1 8 9 8 0 0 0 3 0 3 9

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 42367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alan Frank

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 22 1948
4. *Place of Birth, (Street and Number)*	1833 Linden Ave
5. *Full Name of Mother,*	Laura Fidmaster
6. *Mother's Maiden Name,*	Watson
7. *Mother's Birthplace,*	Indiana
8. *Full Name of Father,*	Adolph Gutmacher
9. *Father's Occupation,*	Rabbi Clergyman
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	L. S. Aronson
Address,	1501 Linden Ave
Remarks,	GIVEN NAME ADDED, 5-15-52

1898000304 0

...ny such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 22 1845
4. *Place of Birth, (Street and Number)*	1833 Lindenstr
5. *Full Name of Mother,*	Louisa Gudmacher
6. *Mother's Maiden Name,*	Warsau Indiana
7. *Mother's Birthplace,*	Adolph Gudmacher
8. *Full Name of Father,*	Baker preacher
9. *Father's Occupation*	Germany
Father's Birthplace,	Lick Ground
Name of Medical Attendant, or other person who makes this Return.	1601 Lindenstr
Address,	
Remarks,	1898 0003041

Any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st (first)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 22 1898
4. *Place of Birth, (Street and Number)* 223 S. Central av.
5. *Full Name of Mother,* Lebe Jospe
6. *Mother's Maiden Name,* — Betman
7. *Mother's Birthplace,* Russia State Kame
8. *Full Name of Father,* Harry Jospe
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia Kipove

Name of Medical Attendant, or other person who makes this Return, H. Elinder M. D.

Address, 143 N. Front St

Remarks,

8480003042

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~male~~ 1st (first)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 22 1898
4. Place of Birth, (Street and Number) 137 ~~3~~ High St
5. Full Name of Mother, Anny Frayer
6. Mother's Maiden Name, — Gordon
7. Mother's Birthplace, Russia Kovne State
8. Full Name of Father, Harry Frayer
9. Father's Occupation Tailor
10. Father's Birthplace, Russia Kovone State

Name of Medical Attendant, or other person who makes this Return, H. Flinken M.D.

Address, 143 N. Front Sts.

Remarks,

8980003043

Failure to give the information required by this Section, or the making of any false statement concerning the same, by any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co,. City Printers and Stationers.

CERTIFICATE CORRECTED 5-20-60

RETURN OF A BIRTH A. 92371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Marie Robertson

1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 22nd 1894
4. Place of Birth, (Street and Number) 1312 S. Bond St.
5. Full Name of Mother, Mary ~~Robinson~~ Robertson
6. Mother's Maiden Name, " Craeger
7. Mother's Birthplace, Germany
8. Full Name of Father, John ~~Robinson~~ Robertson
9. Father's Occupation Pressman
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Mrs E. J Scherman

Address, 42 Albemarle St.

Remarks, 1894 U 003044

Any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 5

1. Sex, (state whether male or female) 2 female 2 boys O.K

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, May the 22 1898

4. Place of Birth, (Street and Number) 821 Remington ave Balto Md

5. Full Name of Mother, Mrs Harriet De Vine

6. Mother's Maiden Name, Miss Winston

7. Mother's Birthplace, Ashland Va

8. Full Name of Father, Mr Horace D Vine

9. Father's Occupation, Laboring work

10. Father's Birthplace, Stafford Va

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Annie Jemison 821 Remington ave

Remarks, 1898 0003045

any such person who shall refuse or neglect to make such Return, or to answer any question herein required, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Printed by J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH A. 92373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 22, 1898
4. *Place of Birth, (Street and Number)*	1071 N Stricker
5. *Full Name of Mother,*	Dora E. Davis
6. *Mother's Maiden Name,*	Dora E Smith
7. *Mother's Birthplace,*	Balto Co Md.
8. *Full Name of Father,*	Frank E. Davis.
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Kent Co Md
Name of Medical Attendant, or other person who makes this Return,	S W Slater M.D
Address,	1703 W Fayette St
Remarks,	Full name of child is Francis Earlougher Davis

8 7 0 0 0 0 3 0 4 6

child to report its birth to the Commissioner of Health within any such person or persons who shall hereafter fail to comply jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22/98
4. *Place of Birth, (Street and Number)* 2264 Mc Elderry St.
5. *Full Name of Mother,* Dora Bien
6. *Mother's Maiden Name,* Kehner
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thomas Bien
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

1898 0003047

Child to report at this office to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 22/1878
4. Place of Birth, (Street and Number) 261 Scoles.
5. Full Name of Mother, Ida Reese
6. Mother's Maiden Name, Ford.
7. Mother's Birthplace, Charles Co.
8. Full Name of Father, Jereman Rees
9. Father's Occupation Laboring.
10. Father's Birthplace, Charles
11. Name of Medical Attendant, or other person who makes this Return, Mary E. Jones
12. Address, 1007 West Saratoga.
13. Remarks, Baltimore Md

1898000030488

The manner and within the period above required, and child to report its birth to the Commissioner of Health, in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, May 22 - 1898
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Laura Bailey
6. Mother's Maiden Name, —
7. Mother's Birthplace, Virginia
8. Full Name of Father, Charles Hawkins
9. Father's Occupation Preacher
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Geo. L. Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks, 1898 00030 49

Said to report the birth to the Commissioners, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co,. City Printers and Stationers.

the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22nd 1898
4. *Place of Birth, (Street and Number)* 1021 E. Lombard St.
5. *Full Name of Mother,* Sarah Zayinsky
6. *Mother's Maiden Name,* " Pathah
7. *Mother's Birthplace,* Keir Rus.
8. *Full Name of Father,* Harris Zayinsky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Keir Rus.

Name of Medical Attendant, or other person who makes this Return, Hetta Klavansky

Address, 1022 E. Lombard St.

Remarks,

1 8 4 8 0 0 0 3 0 5 0

...n, J. C. Dulany Co., City Printers and Stationers.

A. 92378

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	22 day of may 1898
4. Place of Birth, (Street and Number)	835 Greenmount ave
5. Full Name of Mother,	Mollie Suran
6. Mother's Maiden Name,	Mollie Molloy
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Frank Suran
9. Father's Occupation	Moterman
10. Father's Birthplace,	Alabama
Name of Medical Attendant, or other person who makes this Return,	Mrs Annie O'Brian
Address,	902 Greenmount ave
Remarks,	1 8 9 8 0 0 0 3 0 5 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-2-63

RETURN OF A BIRTH A. 92379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Vincent Paul Leckner

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 22, 1898.
4. *Place of Birth, (Street and Number)* Newington Place.
5. *Full Name of Mother,* Katie Leckner,
6. *Mother's Maiden Name,* Ward,
7. *Mother's Birthplace,* Baltv. Md.,
8. *Full Name of Father,* Louis Leckner
9. *Father's Occupation* Brushmaker,
10. *Father's Birthplace,* On the Ocean, betw. Bremen & New York.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanne / for the

Address, Mothers Relief Society / 1412 Eutaw Place.

Remarks.

1898 0003052

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 22nd 1898
4. Place of Birth, (Street and Number)	313 E Caroline St
6. Full Name of Mother,	Mollie Schneider
5. Mother's Maiden Name,	Mollie Hartmann
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Henry Hartmann
9. Father's Occupation	Laborer
Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Mary Engelhart
Address,	1726 Eastern Ave Balto Md
Remarks.	1898 0003053

Section 4 of the ordinance requires that every person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22
4. *Place of Birth, (Street and Number)* 1910 E. Chase St 1898
5. *Full Name of Mother,* Ida Hagerty
6. *Mother's Maiden Name,* Ida McManes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hagerty
9. *Father's Occupation* Bar Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Cunningham

Address,

Remarks, 8980003054

Penalty for refusing to register a birth, or for registering a false statement, or for neglecting to register a birth within the time prescribed by law, or for violating any of the provisions of this section shall be subject to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 92382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 22 May 1898

4. *Place of Birth, (Street and Number)* 1109 Staubert st city

5. *Full Name of Mother,* Louise Ford

6. *Mother's Maiden Name,* Duvall

7. *Mother's Birthplace,* Baltimore MD

8. *Full Name of Father,* Charles Ford

9. *Father's Occupation* Coal trimer

10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1211 Nicholson st Baltimore MD

Remarks, 18980003055

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 72383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 22/98
4. Place of Birth, (Street and Number)	1526 Madison ave
5. Full Name of Mother,	Katie Webb
6. Mother's Maiden Name,	Katie Lippincott
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Herbert Webb
9. Father's Occupation,	Hardware Merchant
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo. W. Norris M. D
Address,	1601 Presstman
Remarks,	

1898 0003056

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

From J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 May 1898
4. Place of Birth, (Street and Number) 1426 East Baltimore St.
5. Full Name of Mother, Emma Braun
6. Mother's Maiden Name, " Brose
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernst Braun
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other person who makes this Return, Dr. Duffy M.D.
12. Address, 1331 East St. Lucas Point.
13. Remarks, 8780003057

Comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 22 - 97
4. *Place of Birth, (Street and Number)* Maryland General Hospital
5. *Full Name of Mother,* Johanna ~~King~~ King
6. *Mother's Maiden Name,* Johanna Kitty
7. *Mother's Birthplace,* Gloster Co. Va
8. *Full Name of Father,* John Page
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Gloster Co Va
11. *Name of Medical Attendant,* or other person who makes this Return, H. D Ruford M.D.
12. *Address,* Maryland General Hospital
13. *Remarks,*

8980003058

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92386

GIVEN NAME ADDED. 12-4-64

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Caroline Rennert

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 22, 1898.

4. Place of Birth, (Street and Number) No 92 W Lexington St.

5. Full Name of Mother, Mary Rennert.

6. Mother's Maiden Name, Mary Schee.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Wm. F. Rennert.

9. Father's Occupation Bookkeeper

Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Aug. L. Elwell M.D.

Address, 124 Maryland ave.

Remarks,

8980003059

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Five.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 22. 1898
4. Place of Birth, (Street and Number) 1025 Goodyear St.
5. Full Name of Mother, Martha Cisco
6. Mother's Maiden Name, Martha Goldman.
7. Mother's Birthplace, Calvert Store
8. Full Name of Father, Philip Cisco
9. Father's Occupation ~~Oyster Co~~ Labor.
10. Father's Birthplace, Calvert Co.

Name of Medical Attendant, or other person who makes this Return, Wm. Jones.

Address, 1321 Hillcourt St.

Remarks, 8 9 8 0 0 0 3 0 6 0

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23 1898
4. Place of Birth, (Street and Number) 61 Shakespeare St.
5. Full Name of Mother, Annie Jankowski
6. Mother's Maiden Name, Skenska
7. Mother's Birthplace, Pole
8. Full Name of Father, Frank Jankowsky
9. Father's Occupation Watchman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, 836 S. Bond St.

Remarks,

8980003061

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23rd 1898

4. Place of Birth, (Street and Number) 1111 N Saratoga St City

5. Full Name of Mother, Katie Weber

6. Mother's Maiden Name, " " Hehman

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Geo F Weber

9. Father's Occupation Policeman

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 827 N Lexington St

Remarks, 1898 0003062

Child to report at this office and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 with

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 23rd 1898
4. Place of Birth, (Street and Number) 1136 Block st.
5. Full Name of Mother, Annie ~~st~~ Welsh
6. Mother's Maiden Name, Stapleton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Welsh
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks, 8980003063

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92391

GIVEN NAME ADDED 1-25-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Anthony Kraft 10th

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23 98.
4. *Place of Birth, (Street and Number)* 1301 Wist St.
5. *Full Name of Mother,* C. A. Kraft.
6. *Mother's Maiden Name,* C. A. Schwert.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Geo. Kraft.
9. *Father's Occupation* Merchant.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Roeinow M.D.

Address, 1316 E. Preston St

Remarks,

8980003064

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 92392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Femal

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23 1898.

4. Place of Birth, (Street and Number) 1400 E. Lombard st

5. Full Name of Mother, Katie Mendleson

6. Mother's Maiden Name, " Epstein

7. Mother's Birthplace, Russia

8. Full Name of Father, Nathan Mendleson

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42 Albemarle St.

Remarks,

1898 0003065

Penalty for Violation of Section 3 of Ordinance.—Any person who shall violate any of the provisions of Section 3 of this Ordinance shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23/98
4. Place of Birth, (Street and Number) 113 S. Durham St.
5. Full Name of Mother, Maggie Arft
6. Mother's Maiden Name, " Preller
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Arft
9. Father's Occupation Milk Dairy
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer

Address, 2225 Gough St.

Remarks, MIDWIFE.

8980003068

Baltimore, Md.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Col'd.
3. *Date of Birth,* 2nd May 1898
4. *Place of Birth, (Street and Number)* Baltimore Madison St.
5. *Full Name of Mother,* Anna Elizabeth Lyons.
6. *Mother's Maiden Name,* Anna Elizabeth Kelly.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George Thomas Lyons.
9. *Father's Occupation* Shoe Polisher
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, M A Dolby

Address, 1004 Wst Lexington St

Remarks, 8980003067

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23 '94
4. *Place of Birth, (Street and Number)* 250 Francis St
5. *Full Name of Mother,* Dora Worsdell
6. *Mother's Maiden Name,* Dora Cook
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Preston Worsdell
9. *Father's Occupation* Electrician
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos Melvin

Address, 2316 W Fayette Ave

Remarks,

8 9 8 0 0 0 3 0 6 8

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 92396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female),* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23rd 1898
4. *Place of Birth, (Street and Number)* 1263 Riverside Ave
5. *Full Name of Mother,* Alice Hawkins
6. *Mother's Maiden Name,* Reynolds
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Charles Hawkins
9. *Father's Occupation* Cook - Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo L Deane MD

Address, 1263 Riverside Ave

Remarks,

8 9 8 0 0 0 3 0 6 9

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) African
3. Date of Birth, May 23rd 1898
4. Place of Birth, (Street and Number) 618 Stockton ST
5. Full Name of Mother, Amelia Wilmore
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Charles County Md-
8. Full Name of Father, Harry Wilmore
9. Father's Occupation, Ice Cream Manufacturer
10. Father's Birthplace, Baltimore Md-

Name of Medical Attendant, or other person who makes this Return, E. M. Free

Address, 602 N. Carey st

Remarks, Instrumental delivery - after failure of a Midwife to deliver

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-12-56

RETURN OF A BIRTH A 92398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Blanche Adell Jenkins

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 23rd May 1898

4. *Place of Birth, (Street and Number)* 707 Bruckes St

5. *Full Name of Mother,* Mary Jenkins

6. *Mother's Maiden Name,* Nelson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Jenkins

9. *Father's Occupation* B & O R R

Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 650 E Fort Ave

Remarks, 8980003071

any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this Ordinance, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be

n. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~4th~~ 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2 3rd 18
4. Place of Birth, (Street and Number) 115 W Lombard St
5. Full Name of Mother, Mrs Bertie Yates
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Thomas Yates
9. Father's Occupation Photographer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, W E Miller Asst
Address, 115 W Lombard St.
Remarks,

8980003072

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 23d 1894
4. *Place of Birth, (Street and Number)*	1160 N Mosher St
5. *Full Name of Mother,*	Francis Boyce
6. *Mother's Maiden Name,*	Scholtz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Maryland H Boyce
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. A. H. Keen, Midwife
Address,	1922 E Fayette Street
Remarks,	

8480003073

J. C. Dulany Co,. City Printers and Stationers.

...after fail to comply with the provisions of this section shall be sub... offence, to be recovered as other fines and forfeitures are recoverable.

...jected to the fine of ten (10) dollars for each offence

RETURN OF A BIRTH. A 92401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* (2) 1104 Mosher St. May 23/98

4. *Place of Birth, (Street and Number)* (2)

5. *Full Name of Mother,* Edna May Simpson

6. *Mother's Maiden Name,* Abrams L

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Chas. C. Simpson

9. *Father's Occupation* Paper Hanger

Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, W. L. Norwood M.D.

Address, 1209 W Fayette St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	C
3. Date of Birth,	May 23rd 98
4. Place of Birth, (Street and Number)	733 Vincent St
5. Full Name of Mother,	Sadie Edmunds
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	632 W. Lombard
Remarks,	

1898000 3075

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 92403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 24 1897

4. Place of Birth, (Street and Number) 13 [illegible]

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

1898 0003076

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th of May 98
4. *Place of Birth, (Street and Number)* 110 N. Payson St.
5. *Full Name of Mother,* Ida Schall
6. *Mother's Maiden Name,* Ida King
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Schall
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 2116 W Pratt St

Remarks,

8780003077

J. C. Dulany Co., City Printers and Stationers.

Subject to the one dollar (1) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. 92405

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24, 1898.
4. *Place of Birth, (Street and Number)* 711 Caton St.
5. *Full Name of Mother,* Josephine Krafft.
6. *Mother's Maiden Name,* Josephine Falk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Krafft
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant, or other person who makes this Return,* Mary L. Swayne
    Address, 824 Caton St
    Remarks, 878U003078

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 24th 1898.
4. *Place of Birth, (Street and Number)*	#1739. Covington St.
5. *Full Name of Mother,*	Margaret White
6. *Mother's Maiden Name,*	Margaret Voit
7. *Mother's Birthplace,*	Bavaria Germany.
8. *Full Name of Father,*	Eugene White
9. *Father's Occupation*	Stationary Engineer
Father's Birthplace,	Salisbury Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Eliza Brooks.
Address,	#1828 Light St
Remarks: GIVEN NAME ADDED 10-16-53	Doing Well

18 M 80003079

any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24 th 98
4. *Place of Birth, (Street and Number)* 1113 E. Pratt St.
5. *Full Name of Mother,* Rachel Blitchman
6. *Mother's Maiden Name,* Rachel Shit
7. *Mother's Birthplace,* Siddara Russia
8. *Full Name of Father,* Myer Blitchman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Velz Russ.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address, 102 E. Lombard St

Remarks, 8980003080

subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. Mary Margaret Horney

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, May 24 / 98

4. Place of Birth, (Street and Number) S.E. Cor Broadway and Eden

5. Full Name of Mother, Alice M. Horney

6. Mother's Maiden Name, " " (Eisenhauer) Eisenhauer

7. Mother's Birthplace, Carroll Co. Md

8. Full Name of Father, Wm G Horney

9. Father's Occupation Clerk B. C

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Gil. Mettus

Address, 6 N. Broadway

Remarks,

8780003081

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Tuesday May 24th 97
4. *Place of Birth, (Street and Number)* 719 Gouv. Place
5. *Full Name of Mother.* Nellie Kelly
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John J. Kelly
9. *Father's Occupation.* Teamster
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Drew Fray 7th

Address,

Remarks, 8 9 8 0 0 0 3 0 8 2

any such person of persons who shall neglect or refuse to comply with the provisions of this section shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable, to the use of the City, the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable, subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 92410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 24/98

4. *Place of Birth, (Street and Number)* 1240 West Pratt St

5. *Full Name of Mother,* Mary Crane

6. *Mother's Maiden Name,* Mary Kinsella

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Walter Crane

9. *Father's Occupation* Machinist

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ohara

Address, 924 Hollins St

Remarks, 6 9 8 0 0 0 3 0 8 3

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

A. 92411

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 March 1898
4. Place of Birth, (Street and Number) 1308 Orleans St
5. Full Name of Mother, Mary Fietsche
6. Mother's Maiden Name, " Cheseldine
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Frank Fietsche
9. Father's Occupation Barber
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulbrig

Address, 1302 E Lexington St

Remarks, 8780003084

Any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24/98
4. Place of Birth, (Street and Number) 4524 S. Bethel St
5. Full Name of Mother, Rosa Smith.
6. Mother's Maiden Name, Rosa Olszewski.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Casper Smith.
9. Father's Occupation Deck Hand
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Annie Rochmal.

Address, #170 Alice Anna St

Remarks, None

8780003085

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	June 24th 1878
4. Place of Birth, (Street and Number)	1026 Eden Alley
5. Full Name of Mother,	Lizzie Lalonay
6. Mother's Maiden Name,	Lizzie Boyer
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Frederick C. Lalonay
9. Father's Occupation	Driver
10. Father's Birthplace,	Canada
Name of Medical Attendant, or other person who makes this Return,	Mary Lalonay
Address,	109 Linden Ave
Remarks,	8780003086

shall occur without the attendance of a physician or Practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 24th 98
4. Place of Birth, (Street and Number)	729- Carroll st Hampden Balto.
5. Full Name of Mother,	Dora Martin
6. Mother's Maiden Name,	Dora Grimes
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Martin
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return	P. M. Drake M.D.
Address,	727- 3d Ave - Balto. Md.
Remarks,	8980003087

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. *Race or color, (if not of the white race)*

3. *Date of Birth,* May 24th 1898

4. *Place of Birth, (Street and Number)* No. 2105 Druid Hill Avenue

5. *Full Name of Mother,* Lillie Biemiller

6. *Mother's Maiden Name,* Ruethe

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* John Burkhardt Biemiller

9. *Father's Occupation,* Ice and Coal Dealer

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wm R. Steinmetz, Md.

Address, No 918 N. Fulton Ave.

Remarks,

8980003088

any such person of persons who shall neglect or refuse to make such Return shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

A 92416

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3.rd
1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24. 1898.
4. *Place of Birth, (Street and Number)* 526. Eslings Av near Fulton St.
5. *Full Name of Mother,* Matilda Maria Rendles.
6. *Mother's Maiden Name,* Matilda Maria Stiling.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Otto Rendles.
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Baltimore Md.
11. *Name of Medical Attendant, or other person who makes this Return,* Mrs Bertha Weinhardt
12. *Address,* 1631. W. Pratt St. Baltimor Md.
13. *Remarks,* 8 9 8 U 0 0 3 0 8 9

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, May 24th, 1898

4. Place of Birth, (Street and Number) 726 Mullikin St.

5. Full Name of Mother, Louisa Yorkman

6. Mother's Maiden Name, Louisa Harding

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Wm J. Yorkman

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M. D.

Address, Johns Hopkins Hosp. Baltimore, Md.

Remarks, 1898 0003090

child to report its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.2t

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 24 1898
4. *Place of Birth, (Street and Number)* 1711 Latrobe 2t
5. *Full Name of Mother,* Annie May Robinson
6. *Mother's Maiden Name,* Annie May Boone
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* Peny Robinson
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Balto Md
11. *Name of Medical Attendant,* or other person who makes this Return, Mrs Maria wright
12. *Address,* 514 Ensor Street
13. *Remarks,* City

8980003091

Child to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, for registration, within ten days after birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-7-57

RETURN OF A BIRTH. A 92419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Loretta Agnes Kelly 4th
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 24th 1898
4. Place of Birth, (Street and Number)	1290 N Ann St
5. Full Name of Mother,	Mary Kelly
6. Mother's Maiden Name,	Burkes
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Kelly
9. Father's Occupation	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H Brown Midwife
Address,	1922 E Fayette Street
Remarks,	

8 7 8 0 0 0 3 0 9 2

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24 1898
4. *Place of Birth, (Street and Number)* Luciana St 1710
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Tillie Hesse
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mary Roth

Address, 838 S. Bond St.

Remarks,

8980003093

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A.92421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, May 24th 98

4. Place of Birth, (Street and Number) 632 W. Lombard

5. Full Name of Mother, Mary Kunig

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Heim M.D.

Address, 632 W. Lombard.

Remarks,

8980003094

J. C. Dulany Co., City Printers and Stationers.

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 24 / 98
4. Place of Birth, (Street and Number)	701 Dallas
5. Full Name of Mother,	Marion E Dickerson
6. Mother's Maiden Name,	Morris
7. Mother's Birthplace,	Md
8. Full Name of Father,	Daniel E Dickerson
9. Father's Occupation,	Driver
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	D. F. Doil
Address,	1001 Eden
Remarks,	

8 7 8 0 0 0 3 0 9 5

To be recovered as other fines and forfeitures are recoverable.

. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 97423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	May 24 1898
4. *Place of Birth, (Street and Number)*	502 W. Biddle St
5. *Full Name of Mother,*	Victoria Ridgeley
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	Robt. Ridgeley
9. *Father's Occupation*	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	Edk. Ballard M. D.
Address,	
Remarks,	

8 9 8 0 0 0 3 0 9 6

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the first child.
1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May the 25 1898
4. *Place of Birth, (Street and Number)* No 22 South Carey Street
5. *Full Name of Mother,* Louisa Rolbe
6. *Mother's Maiden Name,* Louisa Bohn
7. *Mother's Birthplace,* Cosgrava bei Stroppen, Jermany.
8. *Full Name of Father,* Adolf Rolbe
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Gabelsdorf by Wartha Jermany.
11. *Name of Medical Attendant,* or other person who makes this Return, Mrs. Bange
12. *Address,* 711 N. Gross St.
13. *Remarks,*

8980003097

Wm. J. C. Dulany Co., City Printers and Stationers.

...ctor, and within ... period above required, and ... to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25 1898
4. Place of Birth, (Street and Number) 2517 Fait Ave.
5. Full Name of Mother, Annie Kaspar
6. Mother's Maiden Name, Ballat
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Frank Kaspar
9. Father's Occupation Shoe Store
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Quett

Address, 838 S. Broad St.

Remarks,

8 7 8 0 0 0 3 0 9 8

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Miller Phillips

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* WKt.

3. *Date of Birth,* May 25/98

4. *Place of Birth, (Street and Number)* Fordstown Rd. Arlington)

5. *Full Name of Mother,* Mrs A. Lee Phillips

6. *Mother's Maiden Name,* Annie M. Foutz

7. *Mother's Birthplace,* Falls Md.

8. *Full Name of Father,* R. Lee Phillips

9. *Father's Occupation* Conductor

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, E A Smith M.D.

Address, 2531 Penna. Ave.

Remarks,

8980003099

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 25th 1898

4. Place of Birth, (Street and Number) 103 N Clement

5. Full Name of Mother, Louadgnesa Lerp

6. Mother's Maiden Name, Louadgnesa Roesel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Fullon Lerp

9. Father's Occupation Stenographer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Marsh

Address, 102 Leadenhall St

Remarks,

1898 0003100

If any person or persons shall refuse or neglect to make the foregoing return, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 25th of May 98

4. *Place of Birth, (Street and Number)* 438 Pitcher St

5. *Full Name of Mother,* Ester Bransky

6. *Mother's Maiden Name,* Ester Eisenberg

7. *Mother's Birthplace,* Polin

8. *Full Name of Father,* Jacob Bransky

9. *Father's Occupation* Laber

10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Friederike Beuler Midwife

Address, 216 W Pratt St

Remarks,

8980003101

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 25, 1898.
4. Place of Birth, (Street and Number) 1116 Argyle ave.
5. Full Name of Mother, Grace A Barlow
6. Mother's Maiden Name, Grace A Barlow
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John P. Barlow
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore County
11. Name of Medical Attendant, or other person who makes this Return, W. McKean Yost M.D.
12. Address, 1231 Argyle Ave
13. Remarks, 8980003102

Every birth is to be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 92430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25, 1898.
4. Place of Birth, (Street and Number) 811 Hurley Rd
5. Full Name of Mother, Lizzie Lese
6. Mother's Maiden Name, Lizzie Albert
7. Mother's Birthplace, Germany
8. Full Name of Father, Samuel Lese
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton Rd.

Remarks,

8 9 8 0 0 0 3 1 0 3

Persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25 th 1898
4. Place of Birth, (Street and Number) No 1037 N Eas Ave
5. Full Name of Mother, Mary A. Baker Fritche
6. Mother's Maiden Name, nee Baker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Fritche
9. Father's Occupation Varnisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross

Address, 1907 E. Monument St.

Remarks,

8980003104

J. C. Dulany Co., City Printers and Stationers.

Penalty for refusing to make this Return, or for making a false Return, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 25th 1898
4. Place of Birth, (Street and Number)	No 14½ E. West St
5. Full Name of Mother,	Dora Dower.
6. Mother's Maiden Name,	Dora Wamber.
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	John Dower.
9. Father's Occupation	Clothing Cutter
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooks.
Address.	No 1828 Light St.
Remarks,	Doing Well.

1898 00 03105

ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. A 92433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward Green

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.),	3rd "
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 25th 1898
4. Place of Birth, (Street and Number)	1847 Pierce St.
5. Full Name of Mother,	Annie Green
6. Mother's Maiden Name,	Annie Keigh
7. Mother's Birthplace,	Owings Mills - Baltimore Co.
8. Full Name of Father,	Isaac Green
9. Father's Occupation	Horse shoer
10. Father's Birthplace,	Owings Mills - Baltimore Co.
Name of Medical Attendant, or other person who makes this Return	Robt. J. Murray MD
Address,	320 W. Fremont ave
Remarks,	

8980003106

...ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 25 1898

4. Place of Birth, (Street and Number) 1105 Linden Ave

5. Full Name of Mother, Bertie Reed

6. Mother's Maiden Name, Powell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Peebles

9. Father's Occupation Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Morgan

Address, 1117 Scott St

Remarks,

8980003107

to be recovered as other fines and forfeitures are recoverable.

. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 92435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 25th 1898
4. *Place of Birth, (Street and Number)*	816 Edmondson Ave.
5. *Full Name of Mother,*	Annie Wagner
6. *Mother's Maiden Name,*	Annie Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Wagner
9. *Father's Occupation*	Fire Insurance Agt.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	W. C. Sandrock
Address,	1242 N. Broadway
Remarks,	8980003108

...ter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...u. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 25 1898

4. Place of Birth, (Street and Number) 722 S. Broadway

5. Full Name of Mother, Margretha Balling

6. Mother's Maiden Name, Gaeb

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Balling

9. Father's Occupation Saloon Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1421 E. Pratt St

Remarks,

1 8 9 8 0 0 0 3 1 0 9

Rejected to the Blue Record

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 25/98
4. *Place of Birth, (Street and Number)* 533 N. Bkay ave
5. *Full Name of Mother,* Mary C Smith
6. *Mother's Maiden Name,* " " Campaigne
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jas. H. Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return, M H Friedman M.D.

Address, #107 Chestnut Ave

Remarks, 84800031110

...ity such person or persons who shall hereafter fail to comply ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...Commissioner of Health, in the ...ive in ...such ...required, and ...shall be sub-

... J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 25/98
4. Place of Birth, (Street and Number) 349 Cedar Ave
5. Full Name of Mother, Lillian M Tawney
6. Mother's Maiden Name, " Kent
7. Mother's Birthplace, Balto.
8. Full Name of Father, T. D. Tawney
9. Father's Occupation Brakeman B R R
10. Father's Birthplace, Balto Co
11. Name of Medical Attendant, or other person who makes this Return, Wm A Friedman M D
12. Address, #102 Chestnut Ave
13. Remarks, 8 9 8 0 0 0 3 1 1 1

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

o. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25-98
4. Place of Birth, (Street and Number) The Johns Hopkins Hospital
5. Full Name of Mother, Annie Balbrio
6. Mother's Maiden Name, Annie Myers
7. Mother's Birthplace, Russia
8. Full Name of Father, Ignacius Balbrio
9. Father's Occupation Tyler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Geo. G. Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks,

8780003112

To be recovered in each Office, to be recovered as other fines and forfeitures are recoverable.

. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 25 th

4. Place of Birth, (Street and Number) 645 w Fayette st Balto Md

5. Full Name of Mother, Katherine Elizabeth Meyers

6. Mother's Maiden Name, " " Conrath

7. Mother's Birthplace, Balto Md

8. Full Name of Father, John Meyers

9. Father's Occupation Driver

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Kestler

Address, 912 W Hamburg St

Remarks, 8960003113

...recovered as other fines and forfeitures are recoverable.

...C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* F
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 25 / 98
4. *Place of Birth, (Street and Number)* 230 N McCulloh St
5. *Full Name of Mother,* Elizabeth L Collins
6. *Mother's Maiden Name,* Elizabeth L Gallagher
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jno J Collins
9. *Father's Occupation* Actor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr Kelly

Address, 2038 Madison Ave

Remarks, 8980003114

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 92442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, May 25th. 1898

4. Place of Birth, (Street and Number) 619 N. Eden St.

5. Full Name of Mother, Martha Matthews

6. Mother's Maiden Name, Martha Fields

7. Mother's Birthplace, Fluvanna Co. Va.

8. Full Name of Father, Israel Matthews

9. Father's Occupation Huckster

10. Father's Birthplace, San Francisco Cal.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8480003115

Penalty for making false statements in this certificate, or for refusing to furnish information required by law, is a fine of not less than $5 nor more than $20 for each offence, to be recovered as other fines and forfeitures are recoverable.

. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

...ence, to be recovered as other fines and forfeitures are recoverable.

...*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	May 25 - 25
4. *Place of Birth, (Street and Number)*	Maryland Genl Hospital -
5. *Full Name of Mother,*	Rachel Braxton
6. *Mother's Maiden Name,*	Rachel Braxton
7. *Mother's Birthplace,*	Middlesex Va -
8. *Full Name of Father,*	Oliver Brown
9. *Father's Occupation*	—
1... *Father's Birthplace,*	Richmond Va
Name of Medical Attendant or other person who makes this Return,	W. D. Rexford MD
Address,	
Remarks,	Maryland General Hospital

8980003116

J. C. Dulany Co,. City Printers and Stationers.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. B 92444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 25 - 98
4. *Place of Birth, (Street and Number)* 1710 Etting St Balto - Md -
5. *Full Name of Mother,* Maud Simpson
6. *Mother's Maiden Name,* Maud White -
7. *Mother's Birthplace,* Va -
8. *Full Name of Father,* Wm Simpson
9. *Father's Occupation* City empby (Garbage carrier)
10. *Father's Birthplace,* Balto Md -

Name of Medical Attendant, or other person who makes this Return, W. D. Rexford M.D.

Address, Maryland General Hospital -

Remarks,

8 9 8 0 0 0 3 1 1 7

n. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second
1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 28 1898
4. *Place of Birth, (Street and Number)* 1837 N. Regester
5. *Full Name of Mother,* Almer Bloomenbirg
6. *Mother's Maiden Name,* " Gabriel
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Arthur Bloomenbirg
9. *Father's Occupation* Piano Maker
10. *Father's Birthplace,* Germany
11. *Name of Medical Attendant,* or other person who makes this Return, Mrs Mary A. Allwell
12. *Address,* 2030 N Washington
13. *Remarks,*

8980003118

jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92446

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Forth & child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 25th 1898
4. *Place of Birth, (Street and Number)*	2423 Frances St Balto. City
5. *Full Name of Mother,*	Ella Grempler
6. *Mother's Maiden Name,*	Ella Lyons
7. *Mother's Birthplace,*	Calvert County Md
8. *Full Name of Father,*	Karl Grempler Jr
9. *Father's Occupation,*	Motorman.
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return	Mrs Virginia Wheeler
Address,	1527 Cary St Balti City
Remarks,	Live born baby and well.

8 1 8 0 0 0 3 1 1 9

...NTER & STATIONER, BALT.

A. 92447

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. Sex, (state whether male or female)	female.
2. Race or Color, (if not of the white race)	white.
3. Date of Birth,	25. May. 1898.
4. Place of Birth, (Street and Number)	30. S. Durham. St.
5. Full Name of Mother,	not married.
6. Mother's Maiden Name,	Mary Dennerlein.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	
9. Father's Occupation	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	Mary Ross.
Address,	129. N. Wolfe. St.
Remarks,	1 8 9 8 0 0 0 3 1 2 0

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd
1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 26 98.
4. *Place of Birth, (Street and Number)* 719 Eutaw Ave.
5. *Full Name of Mother,* Annie L. Beaver.
6. *Mother's Maiden Name,* Wildesay
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Harry A. Beaver
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, W. Blevins Jr.

Address,

Remarks, 8980003121

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

—. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	5 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	May 26/98
4. *Place of Birth, (Street and Number)*	2678 Penna. ave.
5. *Full Name of Mother,*	Mrs Louis Messersmith
6. *Mother's Maiden Name,*	Erneline Linck
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Messersmith
9. *Father's Occupation*	Butcher
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	E. A. Smith M.D
Address,	2536 Penna Ave
Remarks,	8 9 8 0 0 0 3 1 2 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) second (2)

1. *Sex, (state whether male or ~~female~~)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 26 1898
4. *Place of Birth, (Street and Number)* 1221 McElderry St.
5. *Full Name of Mother,* Anny Hanes — Rosenfield
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia Suvalsk State
8. *Full Name of Father,* Isek Hanes
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia Suvalsk State
11. *Name of Medical Attendant, or other person who makes this Return,* H. Flinder M.D.
12. *Address,* 143 N. Front St

Remarks, 8980003123

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 26/98
4. Place of Birth, (Street and Number) 2120 Penn. Ave
5. Full Name of Mother, Elva Hifinbothom
6. Mother's Maiden Name, " Paul
7. Mother's Birthplace, Balto City
8. Full Name of Father, Maurice H. Hifinbothom
9. Father's Occupation Painter
10. [redacted] Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr Elva B Huck

Address, 647 N Lafayette ave

Remarks, 8 9 8 0 0 0 3 1 2 4

any such person or persons who shall neglect or refuse to [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

any such person or persons refusing or neglecting to make such Return, to be recovered as other fines and forfeitures are recoverable.
ject ed to the fine of ten (10) dollars for each offence, to be

RETURN OF A BIRTH A. 92452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, ~~2d~~, &c.) 2.

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if ~~not of the white race~~)* Colored
3. *Date of Birth,* 26 day of may 1898 at 20 minutes to 5 a.m
4. *Place of Birth, (Street and Number)* 840 Eandmans alw. Baltimore Co.
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Ruth. Taylor
7. *Mother's Birthplace,* Queen ann. County - m. d.
8. *Full Name of Father,* Henry Jinkins
9. *Father's Occupation* odd Jobs
10. *Father's Birthplace,* Baltimore city m. d.

Name of Medical Attendant, or other person who makes this Return, Josephine A. Cooper

Address, 502 N. E. Donoghue Street

Remarks, Mother and son are well

Balto. City m d

h. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 May 1898
4. *Place of Birth, (Street and Number)* 926 Cleveland place
5. *Full Name of Mother,* Mollie Heinzl
6. *Mother's Maiden Name,* Mollie Schwain
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edgard Heinzl
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Pleasants

Address, 1107 Collington Ave

Remarks,

8726 0003126

child to report its birth to the Commissioner of Health, as herein provided, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 92454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 26 1898
4. *Place of Birth, (Street and Number)* 215 Forest St
5. *Full Name of Mother,* Elizabeth Myers
6. *Mother's Maiden Name,* Elizabeth Roth
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Myers
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md
11. *Name of Medical Attendant,* or other person who makes this Return, Dr. C. C. E. Fogler
12. *Address,* 1271 E. North ave
13. *Remarks,* 8 9 8 0 0 0 3 1 2 7

child to report its birth to the Commissioner of Health, or other person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 26th 98
4. *Place of Birth, (Street and Number)* 874 E. Lafayette Ave.
5. *Full Name of Mother,* Effie B. Valk
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas F. Valk.
9. *Father's Occupation,* Dealer in Bicycles
10. *Father's Birthplace,* Germany
11. *Name of Medical Attendant, or other person who makes this Return,* Dr. N. Christian M.D.
12. *Address,* 501 Madison Ave. —
13. *Remarks,*

8980003128

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, May 26th 1898
4. Place of Birth, (Street and Number) 238 S. Bethel St.
5. Full Name of Mother, Elenor Balls
6. Mother's Maiden Name, Elenor Boyle
7. Mother's Birthplace, Norfolk Va.
8. Full Name of Father, Chas. Balls
9. Father's Occupation Laborer
10. Father's Birthplace, Lunchester Co. Va

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp

Remarks, Baltimore Md.

1898 0003129

Subject to the fine of ten (10) dollars for each offence, to be Recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92457

GIVEN NAME ADDED 1-30-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Sarah

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 26th 1848
4. *Place of Birth, (Street and Number)* 2026 Cushing St.
5. *Full Name of Mother,* Rachael Silberman
6. *Mother's Maiden Name,* Rachael Wunstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Ike Silberman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8980003130

Subject to the fine of Ten Dollars if each Offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-10-59

RETURN OF A BIRTH. A. 92458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

...of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Lela Elizabeth Lancaster 3

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* 26th May 1898
4. *Place of Birth,* (*Street and Number*) 722 E Fort Ave
5. *Full Name of Mother,* Kate Lancaster
6. *Mother's Maiden Name,* Fink
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* Joseph Lancaster
9. *Father's Occupation* B & O R R
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 650 E Fort ave

Remarks, 8980003131

any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	W.
3. Date of Birth,	May 26th 98
4. Place of Birth, (Street and Number)	622 W. Lombard
5. Full Name of Mother,	Dorie Wilson
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W. Lombard
Remarks,	8980003132

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	May 26th 98
4. *Place of Birth, (Street and Number)*	622 W. Lombard
5. *Full Name of Mother,*	Mary Washington
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W. Lombard.
Remarks,	

8 9 8 0 0 0 3 1 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

A 92461

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	C
3. Date of Birth,	May 26th 98
4. Place of Birth, (Street and Number)	514 Norris St.
5. Full Name of Mother,	Georgina Hopkins
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W. Lombard
Remarks,	8980003134

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, mar the 27th 1898
4. Place of Birth, (Street and Number) Smallwood st No 532
5. Full Name of Mother, mary A Glenbaugh
6. Mother's Maiden Name, mary A Leonard
7. Mother's Birthplace, Alexandria
8. Full Name of Father, Charles F Glenbaugh
9. Father's Occupation Plasterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelly

Address, 2 19th 22 Wilkins ave

Remarks, 8980003135

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately before or after birth, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 92463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 27. 1898

4. Place of Birth, (Street and Number) Baltimore Md 515 W Pare St

5. Full Name of Mother, Theresa Kosack

6. Mother's Maiden Name, Theresa Weber

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Lawrence J. Kosack

9. Father's Occupation Marble Polisher

10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, Miss. Bange

Address, 711 W. Lorbes St.

Remarks,

8 4 8 U 0 0 3 1 3 6

Any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May - 27th - 1898
4. Place of Birth, (Street and Number)	160 Heath St.
5. Full Name of Mother,	Anna Elizabeth Readles
6. Mother's Maiden Name,	" Wethakamm
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Robert Readles
9. Father's Occupation	Railroad Laborer
10. Father's Birthplace,	Indiana
Name of Medical Attendant, or other person who makes this Return,	Mrs. Bange
Address,	711 St. Louis St.
Remarks,	1898 0003137

Any person who shall refuse or neglect to make the return required by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 2 1898.
4. *Place of Birth, (Street and Number)* 711 Eastern Ave, Highlandtown
5. *Full Name of Mother,* Mary Hamilton
6. *Mother's Maiden Name,* Mary Erbrecher.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick Hamilton
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Alexandria Va.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary C. Peregoy

Address, 306 S. Chester St

Remarks, City

8980003138

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to any such person or persons who shall hereafter fail to ence, to be recovered as other fines and forfeitures are recoverable.

missioner of Health. In case the birth of any child
tioner of midwifery, or should no other person be in
all become the duty of the person or parents of such
he manner and within the period above required, and
ply with the provisions of this section shall be sub-
covered as other fines are recoverable.

RETURN OF A BIRTH. A. 92466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 27 1898
4. *Place of Birth, (Street and Number)* 633 Kean Street
5. *Full Name of Mother,* Mary Elizabeth Gross
6. *Mother's Maiden Name,* Mary Elizabeth Barry
7. *Mother's Birthplace,* Calvert County Maryland
8. *Full Name of Father,* Wm Henry Collins Bark
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Abrilla Brookes

Address, 1132 Warner Street

Remarks, mother well as can be expected

1898U003139

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st child

1. *Sex,* (*state whether male or female*) female

2. *Race or Color,* (*if not of the white race*) white race

3. *Date of Birth,* May 27th 1892

4. *Place of Birth,* (*Street and Number*) 23 Fremont Ave. East

5. *Full Name of Mother,* Annie Mehrs

6. *Mother's Maiden Name,* Annie Lobnitz

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Wm Mehrs

9. *Father's Occupation* butcher

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr Friedrich M.D.

Address, 215 W. Chase St

Remarks, instrumental delivery on account of

hurtia of the v 8980003140

Failure to report this birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27th 1898
4. *Place of Birth, (Street and Number)* 1745 Townsend st.
5. *Full Name of Mother,* Theresa A. Parr
6. *Mother's Maiden Name,* " " Schmidt
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* William C. Parr
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks, 8980003141

child to report its birth to the Commissioner, or to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 27th '98

4. Place of Birth, (Street and Number) 214 S. Central Ave

5. Full Name of Mother, Zelda Collins

6. Mother's Maiden Name, Zelda Lozar

7. Mother's Birthplace, Sadard Rus

8. Full Name of Father, Abram Collins

9. Father's Occupation Butcher

10. Father's Birthplace, Taneras Rus.

Name of Medical Attendant, or other person who makes this Return, Yetta Klavansky

Address,

Remarks, 8980003142

Wm. J. C. Dulany Co,. City Printers and Stationers.

Name, date and place of birth, and residence of the mother, shall become the duty of the person or parents, or such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 27 1898

4. Place of Birth, (Street and Number) 1041 William st

5. Full Name of Mother, M. E. Loughlin

6. Mother's Maiden Name, Mary Ellen Loughlin

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, Leak Howard

9. Father's Occupation, Baker Maker

[redacted] Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Ellenora a anderson

Address, 1434 Patapsco st

Remarks,

1898000314 3

Jected to the rule of Reg

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] *Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 27/98

4. *Place of Birth, (Street and Number)* # 226 Roland Ave

5. *Full Name of Mother,* Sarah E Hood

6. *Mother's Maiden Name,* O'Neil

7. *Mother's Birthplace,* Balto Co Md

8. *Full Name of Father,* Brooks Hood

9. *Father's Occupation* Laborer

10. [redacted]*ther's Birthplace,* Balto Co. Md

Name of Medical Attendant, or other person who makes this Return, Wm A. Friedman M.D.

Address, # 102 Chestnut Ave

Remarks, 6 4 8 U 0 0 3 1 4 4

C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 January 1898
4. Place of Birth, (Street and Number) 1437 Arcania St
5. Full Name of Mother, Jene Rosiak
6. Mother's Maiden Name, J Kanister
7. Mother's Birthplace, Russia
8. Full Name of Father, John Russie
9. Father's Occupation Arkansis
10. Father's Birthplace, Russia
11. Name of Medical Attendant, or other person who makes this Return, Mary Beyer
12. Address, 721 S. Linn St Baltimore
13. Remarks, 8980003145

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27/98
4. *Place of Birth, (Street and Number)* 132 N. Patterson Park Ave.
5. *Full Name of Mother,* Sarah L. Moore
6. *Mother's Maiden Name,* " " Kirwan
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles H. Moore
9. *Father's Occupation* Druggist
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dieuhofer.

Address, MIDWIFE.

Remarks, 898000 2225 Gough St J 4 6 Baltimore, Md.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth 10th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 9th 1926

4. *Place of Birth, (Street and Number)* 630 Lemmon Ave

5. *Full Name of Mother,* Emma Clinia Key

6. *Mother's Maiden Name,* Emma Clinia Key

7. *Mother's Birthplace,* Baker Jefferson Pickens Co Ga

8. *Full Name of Father,* Ernest L Deschiens

Father's Occupation Laborer Army West Virginia

10. *Father's Birthplace,* Mars Keste

Name of Medical Attendant, or other person who makes this Return, 512 W Hamburg St

Address,

Remarks, 8960003147

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27-98
4. *Place of Birth, (Street and Number)* 2139 W Lexington St
5. *Full Name of Mother,* Annie E. E. Townsend
6. *Mother's Maiden Name,* Emery
7. *Mother's Birthplace,* Balto. Co. Md.
8. *Full Name of Father,* Geo. E. Townsend
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. McFenick M.D.

Address, [illegible]

Remarks, 8 9 8 U 0 0 3 1 4 8

any such person and the parents of persons who shall neglect to make such return shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. J. C. Dulany Co,. City Printers and Stationers.

Film G492 CERTIFICATE AMENDED 2/19/76

RETURN OF A BIRTH. A 92476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Beulah Vivian Naylor

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5-th
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* African
4. *Date of Birth,* 27th of May 1898
5. *Place of Birth, (Street and Number)* 2807 Division St.
6. *Full Name of Mother,* Columbia Naylor Johnson Robinson
7. *Mother's Maiden Name,* Frederick Md
8. *Mother's Birthplace,* Matthew J. Naylor
9. *Full Name of Father,* Waiter
10. *Father's Occupation,* Frederick Co. Md
11. *Father's Birthplace,* W J Hoskins M D
12. *Name of Medical Attendant, or other person who makes this Return,* 941 Penna Ave
13. *Address,*
14. *Remarks,*

8 7 8 0 0 0 3 8 1 9 8 9

Filed

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 92477

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White American
3. Date of Birth. May 27, '98
4. Place of Birth, (Street and Number) 909 Park Ave
5. Full Name of Mother. Grace Callahan
6. Mother's Maiden Name. Grace Schweitzer
7. Mother's Birthplace. Baltimore
8. Full Name of Father. Hugh Callahan
9. Father's Occupation, Clerk
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return A. K. Bond M.D

Address. 803 Park ave

Remarks.

1898 0003150

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH A.92478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27 May 1898.
4. *Place of Birth, (Street and Number)* 1327 Eutaw st.
5. *Full Name of Mother,* Mary Davis
6. *Mother's Maiden Name,* Jarroche
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* David Davis
9. *Father's Occupation* Soldier
10. *Father's Birthplace,* Louisiana

Name of Medical Attendant, or other person who makes this Return, Asst. Surg. U.S.A.

Address, 1331 Hull st. Locust Point.

Remarks,

1898 0003151

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 28 - 98
4. *Place of Birth, (Street and Number)* 511 Myrtle Ave -
5. *Full Name of Mother,* Mary Ridgley
6. *Mother's Maiden Name,* Mary Shelley
7. *Mother's Birthplace,* Balto - Md -
8. *Full Name of Father,* Charles Ridgley
9. *Father's Occupation* Drayman -
10. *Father's Birthplace,* Balto - Md -

Name of Medical Attendant, or other person who makes this Return, Wm D Rexford M.D.

Address, Maryland General Hospital

Remarks,

8980003152

. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Estelle Catherine Zeiler

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 2d

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 28th 1898
4. Place of Birth, (Street and Number) 1908 E Fayette St
5. Full Name of Mother, Mary Zeiler
6. Mother's Maiden Name, Hork
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Zeiler
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Bruce Midwife

Address, 1922 E Fayette Street

Remarks, 1898 0003153

. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 28, 1898
4. Place of Birth, (Street and Number) 759 W. Saratoga St
5. Full Name of Mother, Amelia Wolf
6. Mother's Maiden Name, Amelia Kaala
7. Mother's Birthplace, Germany
8. Full Name of Father, Georg Wolf
9. Father's Occupation, Baker
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this return, Dr. J. Kasten

Address, 1841 Pennsylvania Ave.

Remarks, 8980003154

Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 92482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 28 · 1898
4. *Place of Birth, (Street and Number)* 836 Willow Alley
5. *Full Name of Mother,* Jane McGinn
6. *Mother's Maiden Name,* Jane Hand
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Pat McGinn
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

1898000315 5

. C. Dulany Co,. City Printers and Stationers.

Penalties are recoverable.

RETURN OF A BIRTH. A. 92483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Children 1898.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Mar 25.

4. Place of Birth, (Street and Number) 1131 N Whitecat st

5. Full Name of Mother, Pollany Cooke

6. Mother's Maiden Name, Pollan Gray

7. Mother's Birthplace, Calvert Co. Md

8. Full Name of Father, Edward Dorsey Cooke

9. Father's Occupation Aprentice

10. Father's Birthplace, Anne Arundel County Md

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1331 Whitecat st.

Remarks,

8 9 8 0 0 0 3 1 5 6

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16 1895
4. Place of Birth, (Street and Number) 45 S Wharf st
5. Full Name of Mother, Lydia Hammer
6. Mother's Maiden Name, Berry
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Sanger
9. Father's Occupation Baker
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, Caroline Schwarz
Address, 434 Fort ave.
Remarks, 1898000315 7

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28 1898
4. *Place of Birth, (Street and Number)* 7 Calvert st
5. *Full Name of Mother,* Lizzie Hall
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Hall
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 1398 Fortieth

Remarks, 8 9 8 0 0 0 3 1 5 8

Subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

Penalty for making false statements as to other births and forfeitures are recoverable.

RETURN OF A BIRTH A 92486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	May 28th 95
4. *Place of Birth, (Street and Number)*	622 W. Lombard
5. *Full Name of Mother,*	Mary Hawkins
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Hamm M.D.
Address,	622 W. Lombard
Remarks,	

1898 0003159

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	A
3. *Date of Birth,*	May 28th 98
4. *Place of Birth, (Street and Number)*	622 W. Lombard
5. *Full Name of Mother,*	Mattie Rose
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen MD
Address,	622 W. Lombard
Remarks,	

8 9 8 0 0 0 3 1 6 0

. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92500 92488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 28 1899

4. Place of Birth, (Street and Number) 2016 Pleasant Alley

5. Full Name of Mother, Julia Howard

6. Mother's Maiden Name, Julia Edwards

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Dave Howard

9. Father's Occupation Laborer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1126 Eastern Ave

Remarks, Balto Md

8980003161

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

Persons giving false information are liable to fine and imprisonment.

RETURN OF A BIRTH A. 92489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28/98
4. *Place of Birth, (Street and Number)* S. Broadway 806
5. *Full Name of Mother,* Veronica Olszewska
6. *Mother's Maiden Name,* Makowsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* August Olszewska
9. *Father's Occupation* Watchmaker
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Beetle

Address, 838 S. Bond St.

Remarks,

8 7 8 0 0 0 3 1 6 2

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: John Nowacki

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 25 1896.

4. Place of Birth, (Street and Number) 502 S. Ann St.

5. Full Name of Mother, Mary (Cassaby) Nowacki

6. Mother's Maiden Name, Lasha

7. Mother's Birthplace, Pole

8. Full Name of Father, Wenceslaus (Cassaby) Nowacki

9. Father's Occupation Workman

10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 635 S. Bond St.

Remarks, 8 9 8 0 0 0 3 1 6 3

J. C. Dulany Co., City Printers and Stationers.

Whoever shall alter any of the entries in this Return, or shall make any false entry, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding Five Hundred Dollars, and all penalties and forfeitures are recoverable.

RETURN OF A BIRTH. A 92491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 28/98
4. Place of Birth, (Street and Number) 605 N. Laurale St
5. Full Name of Mother, Magdalena Winchester
6. Mother's Maiden Name, " Druhoff
7. Mother's Birthplace, Balto. City
8. Full Name of Father, O. A. Winchester
9. Father's Occupation Tinner
10. Father's Birthplace, Balto City
11. Name of Medical Attendant, or other person who makes this Return, John G. Huck
12. Address, 647 N. Payne St
13. Remarks, 8 9 8 0 0 0 3 1 6 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 92492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Harold Landry First

2. Race or Color, (if not of the white race)

3. Date of Birth, May 28/98

4. Place of Birth, (Street and Number) 147 Myrtle Ave

5. Full Name of Mother, Mary E. First

6. Mother's Maiden Name, " " Bosse

7. Mother's Birthplace, Balto City

8. Full Name of Father, F. V. First

9. Father's Occupation Printer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dolan & Huck

Address, 647 N Lafayette Ave

Remarks, 3 9 8 0 0 0 3-1 6 5

full name child added by father Frederick V. First.
when applying for transcript Father

Comm. J. C. Dulany Co., City Printers and Stationers.

11-3-31.

E. E. Wehn - Reg.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 92493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Femaly.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	May 28th '98.
4. *Place of Birth, (Street and Number)*	726½ W. Franklin.
5. *Full Name of Mother,*	Agnes Becker.
6. *Mother's Maiden Name,*	" Miller.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Carl Becker.
9. *Father's Occupation*	Barber.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Thomas Bic M D
Address,	219 W Monument St.
Remarks,	

8 7 8 0 0 0 3 1 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 28th 1898.
4. Place of Birth, (Street and Number)	No 1727. West Fallс. Place.
5. Full Name of Mother,	Kate. Burns.
6. Mother's Maiden Name,	Kate Anderson.
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	John. Burns.
9. Father's Occupation	Carpenter
Father's Birthplace,	Dorchester Co.
Name of Medical Attendant, or other person who makes this Return,	Mr. Elza Brooks.
Address,	N° 1828. Light St.
Remarks,	Doing Well

8980003167

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 92495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sat, May 28th 1898
4. Place of Birth, (Street and Number) 1032 E. Lombard
5. Full Name of Mother, Mary Epstein
6. Mother's Maiden Name, Liphity
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Epstein
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. N. Feldman

Address, 1013 E. Lombard St.

Remarks, 8780003168

Midwife or other person having knowledge of the birth of any child shall report its birth to the Commissioner of Health, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-16-62

RETURN OF A BIRTH. A 92496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry W. Tarun

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 28 th 1898
4. Place of Birth, (Street and Number) No. 618 Frederick Ave
5. Full Name of Mother, Marie Tarun
6. Mother's Maiden Name, Marie Lang
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Tarun
9. Father's Occupation, Planer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. H. Thomas

Address, No: 512 Frederick Ave

Remarks,

S 4 8 0 0 0 3 1 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...e Commissioner of Health. In case the first and ... practitioner of midwifery, or should no other person be in ... it shall become the duty of the person or parents of such ... in the manner and within the period above required, and ... comply with the provisions of this section shall be sub- ... be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 92497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Mar 28 18.
4. *Place of Birth, (Street and Number)* Carroll Street 1448.
5. *Full Name of Mother,* Eliza Johnson
6. *Mother's Maiden Name,* Eliza Carr.
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Carr.
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Grace Harris

Address, 818 Stockholm st.

Remarks,

1898 0003170

Jected to the fine of ten (10) dollars for each offence, as provided by Section 6, Article 43, of the Code of Public Local Laws.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) July 3d.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 28th May 1898

4. *Place of Birth, (Street and Number)* No. 1035 Forest Park

5. *Full Name of Mother,* Johanna Ward

6. *Mother's Maiden Name,* Johanna Ryan

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James M. Ward

9. *Father's Occupation,* Balt. & Ohio Railroad

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. H. Lurman

Address, No. 059 Forest Park Ave

Remarks, Bal. City

8 7 8 0 0 0 3 1 7 1

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-92499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: WALTER HARDING

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 28th 1898
4. *Place of Birth, (Street and Number)*	1615 Holbrook St
5. *Full Name of Mother,*	Mary Harding
6. *Mother's Maiden Name,*	Mary McCarthy
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	James E Harding
9. *Father's Occupation*	Clerck
10. *Father's Birthplace,*	Frederick City MD
Name of Medical Attendand, or other person who makes this Return,	Annie O'Brien
Address,	902 Greenmount Ave
Remarks, GIVEN NAME ADDED	1/21/66

8980003172

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 92800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 28 1898.
4. *Place of Birth, (Street and Number)* 1116 E Fayette St
5. *Full Name of Mother,* Beckie Friedberg
6. *Mother's Maiden Name,* " Simon
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Friedberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Max E. Schuman

Address, 42 Albemarle St.

Remarks, Twin.

8 9 8 0 0 0 3 1 7 3

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th May 1878
4. *Place of Birth, (Street and Number)* Alexander St #2104
5. *Full Name of Mother,* Kattie Shipley
6. *Mother's Maiden Name,* Kattie ~~Shipley~~ Orrendorf.
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* William Orrendorf
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other person who makes this Return, Mrs Taylor
12. *Address,* # 611 S. Patterson Pk. Ave.

Remarks, 8980003174

...ed to report its birth to the Commissioner of Health, in the manner ... become the duty of the person or parents of such ... manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the ... with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...m. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 of May 1893
4. Place of Birth, (Street and Number) Baltimore 349 Frederick Ave
5. Full Name of Mother, Franz Beckler
6. Mother's Maiden Name, Franz Mallesefhie
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Beckler
9. Father's Occupation Baker
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other person who makes this Return, Elizabeth Wicks
12. Address, Hoffman Lane
13. Remarks, 8980003175

The person required by law to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

... of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 29th 1898
4. Place of Birth, (Street and Number) 141 B Argyle Ave City
5. Full Name of Mother, Ella Jarrett
6. Mother's Maiden Name, Ella Bidding
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Jarrett
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mc Manus Md

Address, 127 W. Lexington St

Remarks, 8780003176

...ections of this section shall be subject to be recovered as other fines and forfeitures are recoverable.

...C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3 *Date of Birth,*	May 29. 98
4. *Place of Birth, (Street and Number)*	525 Aisquith
5. *Full Name of Mother,*	Clara Fiehl Pulman
6. *Mother's Maiden Name,*	Balto City
7. *Mother's Birthplace,*	Jno H. Fiehl
8. *Full Name of Father,*	Tailor
9. *Father's Occupation,*	Balto City
10. *Father's Birthplace,*	Jno H. Fiehl
Name of Medical Attendant, or other person who makes this Return,	B. 2 Asbland ave.
Address,	8780003177
Remarks,	

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3d)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday May 29th 98. (12 o'clock A.M.)
4. *Place of Birth, (Street and Number)* 834 Druid Hill Ave
5. *Full Name of Mother,* Nettie M. Gerlach
6. *Mother's Maiden Name,* Nettie M. Twindell
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Joseph F. Gerlach
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace,* Ohio

Name of Medical Attendant, or other person who makes this Return, A. Sidlick M.D.

Address, 112 W. Mulberry St Baltimore

Remarks, 898000 MD-3

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6, 1/2,

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* May 29. 1/2 / 98. Baltimore M. D.

4. *Place of Birth, (Street and Number)* 1520 1/2 N. Mount St.

5. *Full Name of Mother,* Stella Mason.

6. *Mother's Maiden Name,* Stella Hipsley.

7. *Mother's Birthplace,* Baltimore Co. Md.

8. *Full Name of Father,* Wm Edward Mason.

9. *Father's Occupation* ~~Wm Ed~~ Produce Commission Merchant.

Father's Birthplace, Prince Georges Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bertha Weinhardt

Address, 1631, West Pratt St. Baltimore Md.

Remarks,

8960003179

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 29th 1898
4. *Place of Birth, (Street and Number)*	N° 1392 Clarkson St.
5. *Full Name of Mother,*	Mary Browning
6. *Mother's Maiden Name,*	Mary Sheckels.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Browning.
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooks
Address,	N° 1828 Light St
Remarks,	Doing Well

8 7 8 0 0 0 3 1 8 0

. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 92508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 29th 1898

4. Place of Birth, (Street and Number) No 43. E. Heath St.

5. Full Name of Mother, Lizzie Cauffman

6. Mother's Maiden Name, Lizzie Lemar

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Charles L. Cauffman

9. Father's Occupation Brakesman B. O.

10. Father's Birthplace, Jefferson Co. W. Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eliza Brooks

Address, No 1828. Light St.

Remarks, Doing Well

8980003181

Penalty to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92509

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 29/78

4. *Place of Birth (Street and Number)* 1829 E Biddle St

5. *Full Name of Mother* Bridget Alice Dudley

6. *Mother's Maiden Name* " " Caffrey

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Robert Clinton Dudley

9. *Father's Occupation* Expressman

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Kate Lunahan

Address 1829 E Biddle St

Remarks Doing Well

8980003182

RETURN OF A BIRTH A. 92510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eith Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* Born May 29th 1892
4. *Place of Birth, (Street and Number)* 1733 Orleans St. Baltimore Md.
5. *Full Name of Mother,* Harriet Ann Smith
6. *Mother's Maiden Name,* Harriet Ann Faust
7. *Mother's Birthplace,* Mathias County Va.
8. *Full Name of Father,* Wilson Smith
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Mathias County Va.

Name of Medical Attendant, or other person who makes this Return, Georgeana Brooks

Address, 1751 E Monument St.

Remarks, No remark pbar to send some one to look at the baby's eyes

8 9 8 0 0 3 1 8 3

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 92511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 29 [illegible]

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* Ellen McTague

6. *Mother's Maiden Name,* Gentry

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Patrick McTague

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Jno O'Keefe

Address, 924 Hollins St

Remarks,

8 9 6 0 0 0 3 1 8 4

recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Subsc 6-560 10-19-76 CERTIFICATE AMENDED

NAME: John Francis Coffey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 May 1898
4. Place of Birth, (Street and Number) 530 N. High St
5. Full Name of Mother, Mary Coffey
6. Mother's Maiden Name, Sulpitia Tierney
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Coffey
9. Father's Occupation Saloon
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. R Ulbig

Address, 1302 E Lexington St

Remarks,

1898 00 03185

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A.92523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 May 1898
4. *Place of Birth, (Street and Number)* 915 Linn st
5. *Full Name of Mother,* Anne Umiedowska
6. *Mother's Maiden Name,* A Indiska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joe Umiedowski
9. *Father's Occupation* Tabore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pregier

Address, 921 S. Linn St

Remarks, Baltimore

8780003186

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 29. 98.
4. *Place of Birth, (Street and Number)*	3018 Appleton St
5. *Full Name of Mother,*	Jennie T Cauch Hughes
6. *Mother's Maiden Name,*	Jennie T Cauch
7. *Mother's Birthplace,*	P. Geo. Co. Md.
8. *Full Name of Father,*	Chas C. Hughes
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	J. L. Hooper M.D.
Address,	720 N. Fulton Ave
Remarks,	8980003187

Every person required by law to report births to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 92515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Blk

3. *Date of Birth,* 5-29-95

4. *Place of Birth, (Street and Number)* 115 W Lombard St.

5. *Full Name of Mother,* Mary Lewis

6. *Mother's Maiden Name,* Mary Johnson.

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Widow

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, W. E. Miller, Asst

Address, 115 W Lombard st.

Remarks, 1898 0003188

Penalties and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 92516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 29 1898.
4. Place of Birth, (Street and Number) No. 342 Fillmore St.
5. Full Name of Mother, Mary D. Connel.
6. Mother's Maiden Name, Mary D. McDonald.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Patrick J. Connel.
9. Father's Occupation Steam Fitter
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, Eug. L. Elwell M.D.

Address, 1124 Harford ave.

Remarks, 8980003189

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 29th 1895

4. Place of Birth, (Street and Number) 707 Aisquith Street

5. Full Name of Mother, Emily C. Schuermann

6. Mother's Maiden Name, Emily C. Mathey

7. Mother's Birthplace, Charleston South Carolina

8. Full Name of Father, George C. Schuermann

9. Father's Occupation Guard Agent

10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return James Chamberlain

Address, 719 Aisquith Street

Remarks,

8980003190

Wm. J. C. Dulany Co., City Printers and Stationers.

...or fractioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person ... child to report its birth to the Commissioner of Health, in the manner and with... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and ... are recoverable.

RETURN OF A BIRTH A. 92518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, May 29/98

4. Place of Birth, (Street and Number) 720 N. Monroe St.

5. Full Name of Mother, Catherine Dailey

6. Mother's Maiden Name, Johnston

7. Mother's Birthplace, Balto.

8. Full Name of Father, Chas. J. Dailey

9. Father's Occupation Iron Worker

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 723 W. Fayette St.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 29th 1898
4. Place of Birth, (Street and Number)	1525 Mount St.
5. Full Name of Mother,	Mrs. Lena Schilling
6. Mother's Maiden Name,	Lena Schellhas
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	George H. Schilling
9. Father's Occupation	Bricklayer
● Father's Birthplace,	Carroll Co. Md.
Name of Medical Attendant, or other person who makes this Return,	E. G. Shower M. D.
Address,	1224 West North ave
Remarks,	

8 9 8 0 0 0 3 1 9 2

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 29 1898.
4. Place of Birth, (Street and Number) No. 1101 N. Eden St.
5. Full Name of Mother, Edith Brown
6. Mother's Maiden Name, Edith Wilson
7. Mother's Birthplace, Maryland.
8. Full Name of Father, George W. C. Brown.
9. Father's Occupation Photographer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewell M.D.

Address, 1741 Hanford ave.

Remarks, 8980003193

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

A.92521

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* May 29th 98

4. *Place of Birth, (Street and Number)* 650 German St.

5. *Full Name of Mother,* Jessie Lories

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen M.D. 612 W. Lombard

Address,

Remarks, 8980003194

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Negro

3. *Date of Birth,* May 30th. 1898

4. *Place of Birth, (Street and Number)* 517 Jefferson St. Court

5. *Full Name of Mother,* Sarah Craig

6. *Mother's Maiden Name,* Sarah Dorsey

7. *Mother's Birthplace,* Baltimore, Md.

8. *Full Name of Father,* Norman Craig

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

8980003195

and recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A.92523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 30th, 1898

4. *Place of Birth, (Street and Number)* 1410 N. Dallas St.

5. *Full Name of Mother,* Lena Walter

6. *Mother's Maiden Name,* Lena Hertz

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Leo Walter

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Lindsay Peters M.D.

Address, Johns Hopkins Hosp.

Remarks, Baltimore Md.

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jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A.92524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	May 30th 98
4. *Place of Birth, (Street and Number)*	576 Elbow Lane
5. *Full Name of Mother,*	Sarah Thomas
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D
Address,	622 W Lombard St.
Remarks,	

8980003197

any such person or persons who shall neglect or refuse to make such Return, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	C
3. Date of Birth,	May 30th 98
4. Place of Birth, (Street and Number)	841 Boyd St.
5. Full Name of Mother,	Fannie Ross
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation	
[redacted] Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen MD
Address,	622 W. Lombard
Remarks,	

8980003198

J. C. Dulany Co., City Printers and Stationers.

...ther fail to comply with the provisions of this section shall be sub-... offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A.92526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 30/98
4. Place of Birth, (Street and Number) 1537 Retreat St.
5. Full Name of Mother, Mrs Nelson De Moss
6. Mother's Maiden Name, Martha E. Nelson
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Nelson De Moss
9. Father's Occupation Policeman
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. M. Grint M.D.

Address, 2531 Penna. Ave

Remarks, 8980003199

...comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulan[illegible] Co., City Printers and Station[illegible]

RETURN OF A BIRTH A 92527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 20 1898
4. Place of Birth, (Street and Number)	1901 Fremont ave.
5. Full Name of Mother,	Annie Hogan
6. Mother's Maiden Name,	Annie Otole
7. Mother's Birthplace,	N. Y.
8. Full Name of Father,	John Hogan
9. Father's Occupation	Laborer
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	G. M. Leisinger M.D.
Address,	116 N. Lombard St.
Remarks,	

1898 0003200

. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	11th 30th 98
4. Place of Birth, (Street and Number)	118 North Eden St
5. Full Name of Mother,	Annie Wallace
6. Mother's Maiden Name,	Annie Despeaux
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	John E. Wallace
9. Father's Occupation	Painter
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return	J. Bothwell M.D
Address,	2345 Madison Avenue
Remarks,	Born 8 P.M.

Penalty for refusing to make this Return, or for making a false Return, $20.00 to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 30 th 1898
4. Place of Birth, (Street and Number) No 1510 Caroline Ave.
5. Full Name of Mother, Miss. Lizzie Fulton.
6. Mother's Maiden Name, Miss. Lizzie Fulton.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Not Known
9. Father's Occupation Not Known
10. Father's Birthplace, Not Known
11. Name of Medical Attendant, or other person who makes this Return, Mrs. Anna Lenz midwife.

Address, 1537 Aisquith St.

Remarks, 8980003202

J. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 30th 1898.
4. Place of Birth, (Street and Number)	No 1600. Light St.
5. Full Name of Mother,	Emma M. Woods.
6. Mother's Maiden Name,	Emma M. Guard.
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	John. T. Woods.
9. Father's Occupation	Barber.
Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooks.
Address,	No 1828 Light St.
Remarks,	Doing Well

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any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. J. C. Dulany Co., City Printers and Stationers.

jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 92531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 30th 1898.
4. *Place of Birth, (Street and Number)*	No 1287. William st
5. *Full Name of Mother,*	Carrie Hoernig
6. *Mother's Maiden Name,*	Carrie Hunze.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Henry G. Hoernig
9. *Father's Occupation*	Clothing Cutter
Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eliza Brooke.
Address,	No 1828 Light St.
Remarks,	Doing Well

1898 0003204

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5 th

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, May 30 / 1898

4. *Place of Birth*, (*Street and Number*) 11 E. 1922 Mc E. Lexington St

5. *Full Name of Mother*, Carrie Knight

6. *Mother's Maiden Name*, Lathe

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, Wm C. Knight

9. *Father's Occupation* Brick Layer

10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Grass.

Address, 1907 E. Monument St

Remarks, 1898 0003205

. C. Dulany Co., City Printers and Stationers.

...ecuted, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 92533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30 1898.
4. *Place of Birth, (Street and Number)* 2619 Bruce Terrace
5. *Full Name of Mother,* Laura ~~Bich~~ Pfeifer
6. *Mother's Maiden Name,* Lazura Bich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Pfeifer
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Wm. C Faulstich

Address, 2859 Fulton Ave

Remarks,

18980003206

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 30th 1898
4. Place of Birth, (Street and Number) No 2531 W Lexington St
5. Full Name of Mother, Alice A Bragg
6. Mother's Maiden Name, Alice A Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry M Miller
9. Father's Occupation Laborer
10. Father's Birthplace, Washington
11. Name of Medical Attendant, or other person who makes this Return, Mrs M Thomas
12. Address, No 512 Frederick Ave
13. Remarks, 8 9 8 0 0 0 3 2 0 7

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co,. City Printers and Stationers.

Over

RETURN OF A BIRTH A 92535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child, Nona Purdy
2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
3. Sex, (state whether male or female) Female
4. Race or Color, (if not of the white race)
5. Date of Birth, May 30/98
6. Place of Birth, (Street and Number) # 1030 Hatton St
7. Full Name of Mother, Lula Purdy
8. Mother's Maiden Name, Butler
9. Mother's Birthplace, Pittsburg. Pa
10. Full Name of Father, George W. Purdy
11. Father's Occupation R.R Train man
12. Father's Birthplace, Hoboken. N.J
13. Name of Medical Attendant, or other person who makes this Return, Mrs E Hayes
14. Address, 924 Hollins St
15. Remarks, 8 9 8 0 0 0 3 2 0 8

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30th 1898
4. *Place of Birth, (Street and Number)* 120 Park Ave.
5. *Full Name of Mother,* Flora M Weber Dengler
6. *Mother's Maiden Name,* Flora M Weber
7. *Mother's Birthplace,* Rochester N. Y.
8. *Full Name of Father,* Harvey D. Dengler
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Donna Ann Waldron

Address, 928 Madison Ave.

Remarks, 8 9 8 0 0 0 3 2 0 9

Wm. J. C. Dulany Co., City Printers and Stationers

...ttendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored.

3. *Date of Birth,* May 30th 1898.

4. *Place of Birth, (Street and Number)* 1721 McCubbin St.

5. *Full Name of Mother,* Ida Louise Glow

6. *Mother's Maiden Name,* Ida Louise Jackson

7. *Mother's Birthplace,* Chester County Penn.

8. *Full Name of Father,* William Carroll Glow.

9. *Father's Occupation* Labour.

10. *Father's Birthplace,* Colpepper Va.

Name of Medical Attendant, or other person who makes this Return, H. J. Hughes M.D.

Address, 1811 E Baltimore St.

Remarks,

8980003210

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 30 1898
4. *Place of Birth, (Street and Number)*	952 N. Duncan Alley
5. *Full Name of Mother,*	Mrs Belle Banks
6. *Mother's Maiden Name,*	Mrs Belle Williams
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mrs. James Banks
9. *Father's Occupation*	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Healia Howard
Address,	X 1010 N. Chapple Street
Remarks,	8980003211

ally such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 20/18

4. Place of Birth, (Street and Number) # 902 S. Ann St

5. Full Name of Mother, Kattie Brankewitz.

6. Mother's Maiden Name, Kattie Nowacki.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Barthalomew Brankewicz.

9. Father's Occupation Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, # 1710 Alice Anna St

Remarks, None

1898 0003212

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st.

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 30/98

4. Place of Birth, (Street and Number) #1612 Thames St

5. Full Name of Mother, Rosa Kristowiak.

6. Mother's Maiden Name, Rosa Skopienski.

7. Mother's Birthplace, Germany

8. Full Name of Father, Stanislaus Kristowiak.

9. Father's Occupation, Laboer

10. Father's Birthplace, Russia Poland

Name of Medical Attendant, or other person who makes this Return, Annie Protmeil

Address, # 1710 Aliceanna St

Remarks, 8 4 8 U 0 0 3 2 1 3 None

...m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20th 1898.
4. *Place of Birth, (Street and Number)* 2314 Fortieth nr. Balto.
5. *Full Name of Mother,* Rose Boss.
6. *Mother's Maiden Name,* Rose Colbrunner.
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* John Boss.
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Balto
11. *Name of Medical Attendant,* or other person who makes this Return, Mrs. Mary A. Taylor.

Address, 2011 E. Pattenson Ave.

Remarks, 8980003214

Any person who shall wilfully make any false statement in the above return shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 31 25 1898
4. *Place of Birth, (Street and Number)* 2208 Druid Hill Ave
5. *Full Name of Mother,* Jessie Sheridan
6. *Mother's Maiden Name,* Jessie Bowen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wallace Sheridan
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Baltimore
Name of Medical Attendant, or other person who makes this Return, Dory Hosey
Address, 1870 Lanvale St.
Remarks, 1898000003215

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Wht.
3. *Date of Birth,*	May 3/98
4. *Place of Birth, (Street and Number)*	1132 Argyle Ave.
5. *Full Name of Mother,*	Mr Jesse Yingling
6. *Mother's Maiden Name,*	Mattie Marshall
7. *Mother's Birthplace,*	Indiana
8. *Full Name of Father,*	Jesse Yingling
9. *Father's Occupation*	Shirt cutter
10. *Father's Birthplace,*	Carroll Co. Md.
Name of Medical Attendant, or other person who makes this Return,	C A Grist M D
Address,	2831 Penna Ave
Remarks,	8980003216

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 92544

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 31 / 1898
4. Place of Birth, (Street and Number) 1117 1525 Orleans St
5. Full Name of Mother, Mary Schlepegrell
6. Mother's Maiden Name, Rappold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Schlepegrell
9. Father's Occupation Tanner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L Green

Address, 1907 E Monument Str

Remarks, 8980003217

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 31 1898
4. Place of Birth, (Street and Number) 1217 N. Durham St
5. Full Name of Mother, Albertine Wimer
6. Mother's Maiden Name, Schaelle
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas. Wimer
9. Father's Occupation Labor work
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gruss.

Address, 1907 E Monument St

Remarks,

8 9 8 0 0 0 3 2 1 8

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-2-60

RETURN OF A BIRTH A.92546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Maria Antoniette Allen 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 31 1898
4. *Place of Birth, (Street and Number)* 1513 Durrance st city
5. *Full Name of Mother,* Charlotte Allen
6. *Mother's Maiden Name,* Charlotte Uhleckell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Allen
9. *Father's Occupation* labor
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson st city

Remarks.

8480003219

Wm. J. C. Dulany Co., City Printers and Stationers.

of the Commissioner of Health. In case the birth of any child
n or practioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
ealth, to the manner and within the period above required, and
il to comply with the provisions of this section shall be subject
e, to be recovered as other fines and forfeitures are recoverable.
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health,
any such person or persons shall hereafter fail to
jected to the fine of ten ($10) dollars for each offence, to be

RETURN OF A BIRTH A. 92547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 31 1898

4. Place of Birth, (Street and Number) 2720 E. Fayette

5. Full Name of Mother, Catherine Niedebrecht

6. Mother's Maiden Name, Voltz

7. Mother's Birthplace, Balto Co

8. Full Name of Father, Christopher Niedebrecht

9. Father's Occupation Bar Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, B. Schwatka M.D.

Address, 1003 N. Gay

Remarks, 8 9 8 0 0 0 3 2 2 0

attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 31st 1898.
4. Place of Birth, (Street and Number) #1616 Hill St.
5. Full Name of Mother, Maggie Thompson
6. Mother's Maiden Name, Maggie Vezy.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Matthew Thompson
9. Father's Occupation Paper Cutter!
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Madgie A. Williams

Address, #14 N. Heroes St.

Remarks,

8 4 8 0 0 0 3 2 2 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A. 92549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 31st 98

4. Place of Birth, (Street and Number) 622 W. Lombard

5. Full Name of Mother, Jennie Keeley.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. M. Allen MD.

Address, 622 W. Lombard.

Remarks, Still Birth (Eclampsia)

8 4 8 U 0 0 3 2 2 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A.92550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	May 31st 98
4. *Place of Birth, (Street and Number)*	#626 Raborg St.
5. *Full Name of Mother,*	Lyzzie Peterson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	L. M. Allen M.D.
Address,	622 W Lombard
Remarks,	

1898U003223

...fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92551

CERTIFICATE CORRECTED 4/16/98

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 31 1898

4. Place of Birth, (Street and Number) No 1827 Westfield at

5. Full Name of Mother, CHRISTINA P. ~~Anna Formella~~ TORMOIAN

6. Mother's Maiden Name, CHRISTINA P. Metzler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George ~~Formella~~ TORMOIAN

9. Father's Occupation, Lumber handler

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Midwife

Address, Mrs Katie Logan

Remarks, No 870 S Ury 3224 Byrd St Baltimore

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 42552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Margaret Mary 2 Th.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 31 of May. 1898.
4. Place of Birth, (Street and Number) 804 S. Bose Street.
5. Full Name of Mother, Elisabeth Green.
6. Mother's Maiden Name, Johns.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Green.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss. Bohemian

Address, 2403 Forester Ave.

Remarks, 1898 0003225

to comply with the provisions of this Section hereafter fail to comply
any such person or persons who shall hereafter fail to comply
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 5

1. Sex, (state whether male or female) ~~Non~~ male

2. Race or Color, (if not of the white race) Black race

3. Date of Birth, [illegible]

4. Place of Birth, (Street and Number) 1203 DeLuteal Stree

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1610 Vincent Street

Remarks,

8 7 8 0 0 0 3 2 2 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 92584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1st 1898
4. *Place of Birth, (Street and Number)* 230 Fairmount Ave
5. *Full Name of Mother,* Elizabella J Green
6. *Mother's Maiden Name,* " " Davis
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm J Green
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, R. S. Kirk M.D.

Address, 1610 E. Baltimore St.

8 9 8 0 0 0 3 2 2 7

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...n, J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 3 1898
4. *Place of Birth, (Street and Number)* 2521 Huary St
5. *Full Name of Mother,* Mary Magdalen Walk
6. *Mother's Maiden Name,* Mary Magdalen Ament
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Louis Walk
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, 16 Mary E Shadney

Remarks, 731 Cumberland St

1898 00 03228

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7 1898
4. *Place of Birth, (Street and Number)* 1006 E Lumbard
5. *Full Name of Mother,* Lessie Salsberg
6. *Mother's Maiden Name,* Salsberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jack Salsberg
9. *Father's Occupation* Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address,

Remarks,

1898000 3229

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Phe 3.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 9th (May) 1898

4. *Place of Birth, (Street and Number)* No 1612 E. Monument St.

5. *Full Name of Mother,* Josephine Wolfe

6. *Mother's Maiden Name,* Josephine Gumbert

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* J. G. Baker

9. *Father's Occupation,* Shirt cutter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Chr. Lauer

Address, No 1059 Harford Ave

Remarks, Bal. Md.

1898

1898 0 0 3230

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 92558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9, 1898
4. *Place of Birth, (Street and Number)* 406 N. Calvert
5. *Full Name of Mother,* Golda Lemon
6. *Mother's Maiden Name,* Glesser
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jack Lemon
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finelberg

Address, 25 Lloyd St

Remarks,

1898000231

any such person or persons who shall neglect or refuse to comply herewith shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A92559

CERTIFICATE CORRECTED 3/8/67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: HARRY FRANCIS BATEMAN 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether ~~male~~ or ~~female~~)* MALE
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 9th 98
4. *Place of Birth, (Street and Number)* Montebello Ave
5. *Full Name of Mother,* Louisa Bateman
6. *Mother's Maiden Name,* Hoops
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Bateman
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other person who makes this Return, Dr. Mommouier
    Address, 634 Gorsuch Ave
    Remarks, 8 9 8 U 0 0 3 2 3 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10 1896
4. Place of Birth, (Street and Number) 234 S. Eden St
5. Full Name of Mother, Mollie Greenbaum
6. Mother's Maiden Name, Grollman
7. Mother's Birthplace, Russia
8. Full Name of Father, Davis Greenbaum
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Chas Fineberg

Address, 2 S Lloyd

Remarks, 8980003233

Wm. J. C. Dulany Co., City Printers and Stationers.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 925-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Edward Creamer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race)
3. Date of Birth, May 13th 1895
4. Place of Birth, (Street and Number) 2406 Fait av
5. Full Name of Mother, Maggie Creamer
6. Mother's Maiden Name, Maggie Ott
7. Mother's Birthplace, Germany
8. Full Name of Father, Harry Creamer
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Harry Creamer

Address, Patapsco Peck

Remarks,

1 8 9 8 0 0 0 3 2 3 4

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 925-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th 1.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 9th 13th of May 1898

4. *Place of Birth, (Street and Number)* No 1928 Harford Ave

5. *Full Name of Mother,* Carrie E. Ehrig

6. *Mother's Maiden Name,* Carrie Hardin

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph J. Ehrig

9. *Father's Occupation,* Pressman

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno C. Lauer

Address, to 54 Harford Ave

Remarks, Baltimore

8 7 8 0 6 3 2 3 5

8 7 8 9 6

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 14/98
4. *Place of Birth, (Street and Number)*	107 S. Gilmor St
5. *Full Name of Mother,*	Annie Jones
6. *Mother's Maiden Name,*	Annie Blicker
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Horace Jones
Father's Occupation,	Driver
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	J. O. Skinner M.D.
Address,	
Remarks,	

8 Y 8 U 0 0 3 2 3 6

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 92564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Lbc 6.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 14 May 1898

4. Place of Birth, (Street and Number) No 937 Somerset Lt

5. Full Name of Mother, Mary Stork

6. Mother's Maiden Name, Mary Meisel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edmund Stork

9. Father's Occupation, Wheelwright

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jno Ch Lauer

Address, No 1054 Hanover and Lee

Remarks, Bal. Md 8466 03237 1898

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20th 98
4. *Place of Birth, (Street and Number)* 1118 Lane St
5. *Full Name of Mother,* Rebecca Goldberg
6. *Mother's Maiden Name,* Goldberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Goldberg
9. *Father's Occupation* Parlor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finelberg

Address, 25 Lloyd St

Remarks, 8980003238

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH A. 92566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female - Josephine Teresa Schmitz
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2026 E. Baltimore St
4. *Place of Birth, (Street and Number)* May 21. 1898
5. *Full Name of Mother,* Anna Bertha Dorsey, Schmitz
6. *Mother's Maiden Name,* Miss Bertha Dorsey
7. *Mother's Birthplace,* Annapolis Maryland
8. *Full Name of Father,* Bernard A. Schmitz
9. *Father's Occupation* Lawyer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, B.B. Browne M.D.

Address, 510 Park Ave.

Remarks,

8980003239

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A. 925-67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 26 1897
4. *Place of Birth, (Street and Number)* 1244 E Lee St
5. *Full Name of Mother,* Rosie Brown
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harris Brown
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E. Brown

Address, 42 Albemarle St.

Remarks, —

1898 0003240

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A-928-68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28. 1898
4. *Place of Birth, (Street and Number)* 1208 N. Exeter St.
5. *Full Name of Mother,* Annie Rollner
6. *Mother's Maiden Name,* " Dubinsky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Bennie Rollner
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs Ed. Schuman

Address, 42 Albemarle St.

Remarks,

1898 00 03241

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 925-69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 28, 1898

4. *Place of Birth, (Street and Number)* 228 S. Exeter St.

5. *Full Name of Mother,* Annie Keiser

6. *Mother's Maiden Name,* " Brock

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Dave Keiser

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 62 Albemarle St

Remarks,

8980003242

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28, 1894.
4. *Place of Birth, (Street and Number)* 1116 E. Fayette St.
5. *Full Name of Mother,* Bertie Friedenberg
6. *Mother's Maiden Name,* Linton
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Friedenberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Schuman

Address, 42 Altamont St.

Remarks, Twins.

8980003243

jected to the fine of ten (10) dollars for each offence, to be r

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* May 29th 1898
4. *Place of Birth,* (*Street and Number*) 713 E. Eager st.
5. *Full Name of Mother,* Susie Vincenca
6. *Mother's Maiden Name,* " Serio
7. *Mother's Birthplace,*
8. *Full Name of Father,* John Vincenca
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs L. Bernstein

Address, 122 S. Exeter st

Remarks,

1898 0003244

J. C. Dulany Co., City Printers and Stationers.

Penalty for making false return, or refusing to make return as required by law, or for neglecting to register child's first name within one month after birth, or for making false statement concerning same, or for refusing to furnish information required by law, or for violating any of the provisions of the law relating to the registration of births, is a fine of ten dollars for each offence; other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 92572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 4 — A. 92572
1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* May 16 1878
4. *Place of Birth,* (Street and Number) 1009 E. Lemmard st
5. *Full Name of Mother,* Fannie Freidlander
6. *Mother's Maiden Name,* Cohen
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Freidlander
9. *Father's Occupation* Tailor
- *Father's Birthplace,* Russia
- *Name of Medical Attendant,* or other person who makes this Return, Rosa Pineberg
- *Address,* 25 Lloyd St
- *Remarks,* 8 7 8 U 0 0 3 2 4 5

any such person or persons who shall hereafter ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 d May 1895

4. Place of Birth, (Street and Number) 1632 St. Wolfe st

5. Full Name of Mother, Katie Scarf

6. Mother's Maiden Name, Katie Strong

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William J Scarf

9. Father's Occupation Wireworker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr Martha Foster

Address, 1600 East Lorrain st

Remarks,

8 7 8 0 0 0 3 2 4 6

To be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7/18/60

RETURN OF [redacted] BIRTH. A. 92575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Maurice ~~Jeffries~~ Reese

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 3rd 1898
4. Place of Birth, (Street and Number)	1713 Augusta St
5. Full Name of Mother,	Maggie E Kees
6. Mother's Maiden Name,	Maggie E Marks
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William A Kees
9. Father's Occupation	Clerk
10. Father's Birthplace,	Pennsylvania
Name of Medical Attendant, or other person who makes this Return,	Dr. Jeffries Beech
Address,	1051 Augusta St
Remarks,	

8 Y 8 0 0 0 3 2 4 7

Every person having charge of a child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 92576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* May 5th 1898
4. *Place of Birth, (Street and Number)* 506 Pearl St.
5. *Full Name of Mother,* Lizzie Mason
6. *Mother's Maiden Name,* Lizzie Blackwell
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* George Mason
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. C Abram Smallwood

Address, 1105 Madison ave

Remarks, 1898 0003248

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 97577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* W. M. R.

3. *Date of Birth,* May 5, 98.

4. *Place of Birth (Street and Number),* 815½ S. Potts St.

5. *Full Name of Mother,* Eva Tumblin

6. *Mother's Maiden Name,* Eva Goodman

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Morris H. Tumblin

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return. Joseph A Tumblin

Address, 1031 McCulloh St

Remarks, Morris H Tumblin Father

B 980003249

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 92578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 6 91.
4. *Place of Birth, (Street and Number)* 119 E Lee & Caroline Sts
5. *Full Name of Mother,* Annie Geyer
6. *Mother's Maiden Name,* Geyer Pabst
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George F. Geyer
9. *Father's Occupation* Bottler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs Mary B Keller

Address, 412 W Hamburg St

Remarks, 1898000 3250

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* W. Pete

3. *Date of Birth,* May 19, 95

4. *Place of Birth (Street and Number),* 11 N. Caroline St

5. *Full Name of Mother,* Ida Kahn

6. *Mother's Maiden Name,* Ida Shapiro

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Myer Kahn

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Wilbur A. Brown

Address, 1617 Mc Culloh St

Remarks,

8480003251

Baltimore Publishing Co., City Printers and Stationers

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 92580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11th 1898.
4. *Place of Birth, (Street and Number)* 831 N Port Ave
5. *Full Name of Mother,* Ida L Hawkins
6. *Mother's Maiden Name,* McCrip
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* Isaac Hawkins
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J H Seldner M D

Address, 1501 E Eager St.

Remarks, 8980003252

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

12381

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 girl

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 Mai 1898
4. Place of Birth, (Street and Number) 1106 North Av.
5. Full Name of Mother, Zipporah Beauchamp
6. Mother's Maiden Name, Gosnell
7. Mother's Birthplace, Somerset County
8. Full Name of Father, Charles Beauchamp
9. Father's Occupation =
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W Central Av.

Remarks, 18980003253

Every person required by law to report the birth of a child to the Commissioner of Health, and neglecting or refusing to make such report within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 15th 1898
4. *Place of Birth, (Street and Number)*	101 6 Bally St
5. *Full Name of Mother,*	Adelle Finnegan
6. *Mother's Maiden Name,*	Adelle Connelly
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Bernard J. Finnegan
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Jefferies Buell
Address,	1051 Augusta St
Remarks,	

1898 U 003254

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately after the birth, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 16th 1898
4. *Place of Birth, (Street and Number)*	905 E. Chase St
5. *Full Name of Mother,*	Agnes Carr
6. *Mother's Maiden Name,*	Agnes Holden
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Carr
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr Jefferson Brack
Address,	1051 Augusta St
Remarks,	

8 9 8 0 0 0 3 2 5 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. A 92384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First-
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 19th 1898
4. *Place of Birth, (Street and Number)*	1812 Aiken St-
5. *Full Name of Mother,*	Josphine Knox
6. *Mother's Maiden Name,*	Josphine Murphy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thos P. Knox
9. *Father's Occupation*	Steward
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr Jeffries Beck
Address,	1051 Augusta St-
Remarks,	

1878 U 003256

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A 92585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 20 1898
4. *Place of Birth, (Street and Number)* 1736 Division St
5. *Full Name of Mother,* Martha Brown
6. *Mother's Maiden Name,* Martha Holland
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Ernest A Brown
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant or other person who makes this Return. Fleeter Gotanee

Address, 1198 W Dolphin St

Remarks, 8980003257

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 20th 1898
4. *Place of Birth, (Street and Number)*	407 E. Madison St.
5. *Full Name of Mother,*	Agnes Moore
6. *Mother's Maiden Name,*	Agnes Winkler
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	James F. Moore
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Pa.
Name of Medical Attendant, or other person who makes this Return,	Dr. Johnson Busch
Address,	1051 Aisquith St.
Remarks,	

8780003258

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and fe

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-1-58

RETURN OF A BIRTH A 17587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Dorothy Gordon 1st

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, May 20 1898

4. Place of Birth (Street and Number), 126 E High St

5. Full Name of Mother, Fanny Gordon

6. Mother's Maiden Name, Fanny Farber

7. Mother's Birthplace, Russia

8. Full Name of Father, Davis Gordon

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Dillon E Hardy

Address, 1012 N Caroll St.

Remarks,

8 9 6 0 0 0 3 2 5 9

...more Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 92588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22nd 1878
4. *Place of Birth, (Street and Number)* 109 E. Biddle St
5. *Full Name of Mother,* Margaret Jacobs
6. *Mother's Maiden Name,* " Steinman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert F Jacobs
9. *Father's Occupation* Printer
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Dr. Jefferis Busey

Address, 1051 Augusta St

Remarks,

8980003260

...aid to report its birth to the Commissioner of Health, in ...any such person or persons who shall hereafter fail to com... ...jected to the fine of ten (10) dollars for each offence, to be r...

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92589 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the previous of this section shall be subjected to the fine of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

Name - HERBERT NICHOLAS SCHISLER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25 1918
4. Place of Birth, (Street and Number) 1127 E Baltimore St
5. Full Name of Mother, Lewis V. (Schisler) SCHISLER
6. Mother's Maiden Name, Shipley
7. Mother's Birthplace, Balto
8. Full Name of Father, John H. (Schisler) SCHISLER
9. Father's Occupation Shipping Master
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, J H Schisler M.D.

Address, 1511 E Baltimore St

Remarks, 8980003261

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* May 26 1898

4. *Place of Birth, (Street and Number)* 913 Virginia Ave

5. *Full Name of Mother,* Lucie Wadley

6. *Mother's Maiden Name,* Lucie A Gunby

7. *Mother's Birthplace,* Richmond Co Va

8. *Full Name of Father,* George W Wadley

9. *Father's Occupation* Laborer Work

10. *Father's Birthplace,* Carolina Co

Name of Medical Attendant, or other person who makes this Return, Chester Watson

Address, 509 N Fulton Ave

Remarks, 8980003262

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report with the Commissioner of Health in the manner and within the period above required, and any such persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A92591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	15th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 25th 1898
4. *Place of Birth, (Street and Number)*	112 E Eutaw St
5. *Full Name of Mother,*	Mary J Truelove
6. *Mother's Maiden Name,*	" " Manning
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	George R Truelove
Father's Occupation	Mechanical Engineer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Dr Jefferson Buck
Address,	1051 Augusta St
Remarks,	8980003263

n. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH A. 92592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	25 May 1898
4. Place of Birth, (Street and Number)	N. Monroe St 220
5. Full Name of Mother,	Julie Pfeifer
6. Mother's Maiden Name,	Julie Tatlow
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Adam Pfeifer
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Hasfeld - Germany.
Name of Medical Attendant, or other person who makes this Return,	Dr F Reinhard
Address,	220 W Madison St.
Remarks,	

8 9 8 0 0 0 3 2 6 4

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Nm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 72593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 26th 1898

4. *Place of Birth, (Street and Number)* 316 N Gay St

5. *Full Name of Mother,* Barbara Rosa

6. *Mother's Maiden Name,* Maisch

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Joseph L. Rosa

9. *Father's Occupation* Tinner

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J. H. Seldner M.D

Address, 1501 E. Eager St.

Remarks, 8980003265

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 26 1898
4. Place of Birth, (Street and Number) 902 Barnard
5. Full Name of Mother, Julia Colman
6. Mother's Maiden Name, Julia Barker
7. Mother's Birthplace, Eastern Shore Md
8. Full Name of Father, George Colman
9. Father's Occupation, Waiter
10. Father's Birthplace, Lexington Va

Name of Medical Attendant, or other person who makes this Return, Hester Lotance

Address, 609 West Preston St

Remarks, 1898 0003266

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 22 May 1898
4. *Place of Birth, (Street and Number)* 37 1/2 Hood Street
5. *Full Name of Mother,* Lizzie M Allen
6. *Mother's Maiden Name,* Lizzie M Lockard
7. *Mother's Birthplace,* Pikeville Virginia
8. *Full Name of Father,* Walker Allen
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Pikeville Virginia

Name of Medical Attendant, or other person who makes this Return, Hester Gatewood

Address,

Remarks,

8980003267

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-10-57

RETURN OF A BIRTH. A 92596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sophia Marie Krause

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 29th 1898

4. Place of Birth, (Street and Number) 129 N Ann St

5. Full Name of Mother, Christina Krause

6. Mother's Maiden Name, Phillips

7. Mother's Birthplace, Germany

8. Full Name of Father, John C Krause

9. Father's Occupation Biscuit Sealer

10. Father's Birthplace, Balt. Co.

Name of Medical Attendant, or other person who makes this Return, J H Adam M.D.

Address, 1501 E Eager St

Remarks, 8980003268

...Commissioner of Health, in the ... with the provisions of this section shall be sub... who shall hereafter fail to comply with ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 12577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21st 98.
4. *Place of Birth, (Street and Number)* 1426 Eastern Ave
5. *Full Name of Mother,* Annie Liff
6. *Mother's Maiden Name,* Levin
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Jacob Liff
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S. L. Feldman M.D.

Address, 1521 E. Eager St

Remarks, 8 9 8 U 0 0 3 2 6 9

Every person who shall neglect or refuse to comply with the provisions of this section shall be guilty of a misdemeanor, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 72578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 31 1898
4. *Place of Birth, (Street and Number)* 1131 Baughtan St
5. *Full Name of Mother,* Annie Stephen
6. *Mother's Maiden Name,* Annie Carter
7. *Mother's Birthplace,* Richmond Virginia
8. *Full Name of Father,* Fred Stephen
9. *Father's Occupation* Laboring Work
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Hester Coleman

Address, 509 West Preston Street

Remarks, 1898 0003270

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Stewart Mollett

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 22-1925

4. Place of Birth, (Street and Number) 812 Baltimore St.

5. Full Name of Mother, Clarence Mollett

6. Mother's Maiden Name, Bessie Stewart

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Harry Mollett

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Dr. E. Lee Wyatt Jr.

Address, 1 E. Lee St.

Remarks, BIRTH NAME ADDED 6-13-54

8 9 8 0 5 0 3 2 7 1

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* May 3 1908

4. *Place of Birth, (Street and Number)* 413 W Saratoga St

5. *Full Name of Mother,* Augusta Loube

6. *Mother's Maiden Name,* A. Kemmler

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry L Loewer

9. *Father's Occupation* dyer

10. *Father's Birthplace,* Buffalo N.Y.

Name of Medical Attendant, or other person who makes this Return, Howe E Gladstone M.D

Address, 814 W Fayette St

Remarks,

8 9 8 0 0 0 3 2 7 2

. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 92602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 4th 1898.

4. Place of Birth, (Street and Number) 2134 W. South Ave.

5. Full Name of Mother, Minnie S. Eisenbrandt

6. Mother's Maiden Name, Schultz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick B. Eisenbrandt

9. Father's Occupation Bicycle Agt.

10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return,

Address, 815 Patterson Ave.

Remarks, 8480003273

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A92603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 Mai 1898
4. Place of Birth, (Street and Number) W Pratt St 194
5. Full Name of Mother, Caroline Brown
6. Mother's Maiden Name, Schultz
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Brown
9. Father's Occupation Wood Carver
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other person who makes this Return,
12. Address, Mrs Anna Buchell W. Pratt St 194
13. Remarks, 8980003274

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A92604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 Mai. 1898
4. *Place of Birth, (Street and Number)* W. Pratt St. 1926.
5. *Full Name of Mother,* Anna Schinahun.
6. *Mother's Maiden Name,* Lippold.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James.
9. *Father's Occupation* Hiram Kurt.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Emma Beuchell W Pratt St. 1914

Remarks,

1898 0003275

Wm. J. C. Dulany Co., City Printers and Stationers.

The person required by this section to report the birth of any child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A92603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4th 1898.
4. *Place of Birth, (Street and Number)* 2807 Fairly St. Balto.
5. *Full Name of Mother,* Augusta Lambden
6. *Mother's Maiden Name,* Standiford
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Laurence W. Lambden
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 815 [illegible]

Remarks,

8 9 8 U 0 0 3 2 7 6

T. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A92606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 Mch. 1898
4. Place of Birth, (Street and Number) 11 Pratt Street 1932.
5. Full Name of Mother, Julie Hansen.
6. Mother's Maiden Name, Meier.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Frederick Hansen
9. Father's Occupation Fireman.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Anna Buchelt 11 Pratt Street.

Remarks,

8980003277

Child's report to be made by the [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A92607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 15th 98.
4. Place of Birth, (Street and Number)	227 S. Bond st.
5. Full Name of Mother,	Mary A. Schoenig
6. Mother's Maiden Name,	Mary A. O'Donnell
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Valentine M. Schoenig
9. Father's Occupation	Iron moulder
Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Harlis H.A. Mayer M.D.
Address,	1033 N. Caroline str.
Remarks,	8980003278

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A92608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child? Paul Elwin Wimmer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, May 11th 1928

4. Place of Birth, (Street and Number) 1 Lombard West.

5. Full Name of Mother, Eliz. Wimmer.

6. Mother's Maiden Name, Hehr

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Wimmer.

9. Father's Occupation Painmaker

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs. Anna Beuchel 1914 E. Pratt

Remarks, 8780003279

...ll to report its name to the Commissioner of Health, as above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A92609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	May 17 98
4. Place of Birth, (Street and Number)	1823 E. Federal
5. Full Name of Mother,	Nellie Gruber
6. Mother's Maiden Name,	Helfert
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John M. Gruber
9. Father's Occupation	Asst Baker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	M. B. Billingslea
Address,	1206 E Pratt
Remarks,	

1 8 9 8 U 0 0 3 2 8 0

. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 92610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	May 19 1898
4. Place of Birth, (Street and Number)	816 W Franklin
5. Full Name of Mother,	Annie Tenker
6. Mother's Maiden Name,	A. Brown
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Herman Tenker
9. Father's Occupation	clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Marie C. Thalwitzer M D
Address,	814 W Fayette st
Remarks,	

8980003281

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RETURN OF A BIRTH A. 92611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 1 1898 6:40 A.M.
4. *Place of Birth, (Street and Number)*	2000 Boyd St
5. *Full Name of Mother,*	Annie Stokey
6. *Mother's Maiden Name,*	" Thompson
7. *Mother's Birthplace,*	McCulloh St city
8. *Full Name of Father,*	Chas M A Stokey
9. *Father's Occupation*	Laborer
Father's Birthplace,	Mulberry St city
Name of Medical Attendant, or other person who makes this Return.	R B Kinyon M.D.
Address,	422 N. Greene St city
Remarks,	Presentation Vertex; O.L.A (Position)
	Course of Labor Normal 8 7 8 0 0 0 3 2 8 2 4 hours

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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CERTIFICATE OF CAMERA OPERATOR

I HEREBY CERTIFY THAT THE DOCUMENTS REPRESENTED BY THE MICROPHOTOGRAPHS APPEARING ON THIS ROLL OF FILM DESIGNATED AS REEL No. 173.9 WERE PHOTOGRAPHED BY THE UNDERSIGNED ON THIS DATE.

REEL BEGINS WITH 1898-000001

REEL ENDS WITH 1898-003282

BY Linda Walley
(SIGNATURE OF OPERATOR)

DATE 9/25/98

HR - RM 25
(6 - 1 - 59)
HALL OF RECORDS COMMISSION

375 - 825